SCH/KM

11 May 2016

ALL MEMBERS OF ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

Dear Member

ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD MEETING

You are requested to attend a meeting of the Angus Health and Social Care Integration Joint Board to be held in the Town and County Hall, Forfar on **Wednesday 18 May 2016 at 2.00pm**.

The agenda and papers are enclosed.

If you have any queries, please contact Karen Maillie on (01307) 476265 or e-mail MaillieK@angus.gov.uk

Yours sincerely

SHEONA C HUNTER

Head of Legal and Democratic Services

DISTRIBUTION:

Members of the Integration Joint Board

Voting Members of Angus Health and Social Care Integration Joint Board

Angus Council
Councillor Glennis Middleton – Chair
Councillor Jim Houston
Councillor David May

NHS Tayside
Hugh Robertson, Non Executive Board Member
Judith Golden, Non Executive Board Member
Alison Rogers, Non Executive Board Member

Named Proxy Members for Angus Council (for information)
Councillor Colin Brown
Councillor Lynne Devine
Councillor Sheila Hands

Named Proxy Members for NHS Tayside (for information) - tbc

Non Voting Members of Angus Health and Social Care Integration Joint Board

Vicky Irons, Chief Officer
Tim Armstrong, Chief Social Work Officer-People
Alison Myles, Carers Representative
Mavis Leask, Staff Representative
Chris Curnin, Independent Sector Representative
David Barrowman, Service User Representative

Alexander Berry, Chief Finance Officer
Douglas Lowdon,Consultant Acute & Elderly Medicine
Andrew Thomson, GP Representative
Neil Prentice – Third Sector Representative
Staff Representative, NHS Tayside
Sue Mackie, Associate Nurse Director (Development)

Operational Advisers

George Bowie, Head of Community Health and Care Services - South

Gail Smith, Head of Community Health and Care Services - North

David Coulson, Associate Director of Pharmacy, NHS Tayside

David Thompson, Principal Solicitor, Angus Council

Michelle Watts, Associate Medical Director, NHS Tayside

Drew Walker, Director of Public Health, NHS Tayside

ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

TO BE HELD IN THE TOWN AND COUNTY HALL, FORFAR ON WEDNESDAY 18 MAY 2016 AT 2.00PM

AGENDA

1. APOLOGIES

2. DECLARATIONS OF INTEREST

Members are reminded that, in terms of the Code of Conduct of Members of Devolved Public Bodies, it is their responsibility to make decisions whether to declare an interest in any item on this agenda and whether to take part in consideration of that matter.

3. MINUTE OF PREVIOUS MEETING INCLUDING ACTION LOG

PAGE NO.

(a) Previous Meeting

Submit, for approval, as a correct record, the minute of meeting of the Angus Health and Social Care Shadow Integration Joint Board of 23 March 2016. (1 – 10)

(b) Action Log

Submit Action Log of 23 March 2016. (11 – 12)

4. ETHICAL STANDARDS IN PUBLIC LIFE ETC. SCOTLAND ACT 2000 - CODE OF CONDUCT

Submit Report No. IJB 39/16 by the Proper Officer of Angus Integration Joint Board (13 – 34)

5. PARTNERSHIP FUNDS

Submit Report No. IJB 40/16 by Alexander Berry, Chief Finance Officer (35 – 40)

6. ANGUS STRATEGIC PLAN IMPLEMENTATION PRIORITIES

Submit Report No. IJB 41/16 by Vicky Irons, Chief Officer. (41 – 76)

7. IMPLEMENTATION PLAN FINAL REPORT

Submit Report No. IJB 42/16 by Vicky Irons, Chief Officer. (77 – 82)

8. PERFORMANCE MANAGEMENT FRAMEWORK

Submit Report No. IJB 43/16 by Vicky Irons, Chief Officer. (83 – 112)

9. CLINICAL, CARE AND PROFESSIONAL GOVERNANCE GROUP UPDATE

Submit Report No. IJB 44/16 by Vicky Irons, Chief Ofifcer. (113 – 118)

10. RISK REGISTER UPDATE – MAY 2016

Submit Report No. IJB 45/16 by Vicky Irons, Chief Officer. (119 – 126)

11. FINANCE YEAR END UPDATE

Verbal update to be provided by Alexander Berry, Chief Finance Officer. ()

12. AUDIT REPORT

Submit Report No. IJB 46/16 by Alexander Berry, Chief Finance Officer (127 – 132)

13. EQUALITY OUTCOMES

Submit Report No. IJB 47/16 by Vicky Irons, Chief Officer (133 – 156)

14. DATE OF NEXT MEETING

The next meeting of the Angus Health and Social Care Integration Joint Board will be Wednesday 29 June 2016 at 2.00pm in the Town and County Hall, Forfar.

15. EXCLUSION OF PUBLIC AND PRESS

The Angus Health and Social Care Integration Joint Board will be asked to consider, in terms of paragraphs 2, 3 and 4 of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973, whether the public and press should be excluded during consideration of the following item, so as to avoid the disclosure of exempt information.

16. ACCOMMODATION FOR PEOPLE WITH LEARNING DISABILITIES

Submit Report No. IJB 48/16 by Vicky Irons, Chief Officer (157 – 160)

AGENDA ITEM 3 (a)

MINUTE of MEETING of the **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held in the Town and County Hall, Forfar, on Wednesday 23 March 2016 at 2.00pm.

Present: **Voting Members of Integration Joint Board**

Councillor GLENNIS MIDDLETON, Angus Council
Councillor JIM HOUSTON, Angus Council
HUGH ROBERTSON, Non-Executive Board Member, NHS Tayside
ALISON ROGERS, Non-Executive Board Member, NHS Tayside

Non Voting Members of Integration Joint Board

VICKY IRONS, Chief Officer
SANDY BERRY, Chief Finance Officer
TIM ARMSTRONG, Chief Social Work Officer, Angus Council
DAVID BARROWMAN, Service User
MAVIS LEASK, Staff Representative, Angus Council
DOUGLAS LOWDON, Consultant Acute and Elderly Medicine, NHS Tayside
NEIL PRENTICE, Third Sector Representative
BELINDA MCMARTIN, Carers Representative (on behalf of Alison Myles)

Advisory Officers

GEORGE BOWIE, Head of Adult Services, Angus Council
GAIL SMITH, Interim Lead Officer/Lead Nurse, NHS Tayside
DAVID THOMPSON, Principal Solicitor – Resources, Angus Council
DREW WALKER, Director of Public Health, NHS Tayside

Councillor GLENNIS MIDDLETON in the Chair.

Prior to the commencement of the meeting, the Chair welcomed Anne MacDonald, Senior Audit Manager, Audit Scotland to the meeting.

1. APOLOGIES

Apologies for absence were intimated on behalf of Councillor David May, Angus Council; Judith Golden, Non-Executive Board Member, Andrew Thomson, GP representative, Michelle Watts, Associate Medical Director, David Coulson, Associate Director of Pharmacy, and Sue Mackie, Associate Nurse Director, all NHS Tayside; Alison Myles, Carers Representative and Chris Curnin, Independent Sector Representative.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTE OF PREVIOUS MEETING INCLUDING ACTION LOG

(a) ANGUS HEALTH AND SOCIAL CARE SHADOW INTEGRATION JOINT BOARD

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 17 February 2016 was submitted and approved as a correct record.

(b) ACTION LOG

The action log of the Health and Social Care Integration Joint Board of 17 February 2016 was submitted and noted.

4. BUDGET AGREEMENT WITH NHS TAYSIDE FOR 2016/17

There was submitted Report No IJB 26/16 by the Chief Finance Officer, to consider the proposed devolved budget from NHS Tayside to Angus Integration Joint Board for the year 2016/17.

The Report indicated that as set out in the Angus Integration Scheme, there was a requirement for Angus Integration Joint Board to submit an annual budget requisition to NHS Tayside. This would then be subject to discussions between NHS Tayside and Angus Integration Joint Board that ultimately resulted in NHS Tayside confirming a devolved budget for Angus Integration Joint Board. The formal timescales were such that the task should be completed the day after the Council Tax had been set each year.

Despite the Integration Joint Board requesting that budget discussion should commence in November 2015, detailed discussion with NHS Tayside only commenced in February 2016. The main discussions with NHS Tayside reached a conclusion in the week of 10 March 2016.

The budget proposal considered the issues identified and quantified through the Due Diligence process and set out the proposed budget to be devolved from NHS Tayside to Angus Integration Joint Board.

The Chief Finance Officer highlighted the terms of a draft proposed letter to be issued to NHS Tayside and following discussion, some minor amendments were suggested in regards to the content of the draft letter.

Thereafter, the Chief Officer intimated that a considerable number of Integration Joint Boards had similar issues in relation to the finalisation of plans and the levies placed on Integration Joint Boards. She also highlighted that the Scottish Government had committed to working with each Integration Joint Board in Scotland and that further discussion would require to take place in relation to a number of areas including the Integration Joint Board's risks.

The Integration Joint Board agreed:-

(i) to note that the budget proposal had considered the issues identified through the Due Diligence process;

(ii) to note that generally, it had been confirmed that the budget setting process had been transparent and fair;

(iii) to accept, in principle, the budget proposal from NHS Tayside, subject to a series of conditions being met by NHS Tayside, for the year 2016/207, in order that the Board could also approve the associated Strategic Plan and thereby ensuring that the Integration Joint Board could operate formally from 1 April 2016, subject to the following:-

(1) a letter, subject to the minor amendments, would be issued to NHS Tayside noting acceptance of the proposed devolved budget, in principle, with a number of conditions;

(2) the letter issued to NHS Tayside would also set out the Board's concerns regarding the 2016/2017 Budget Setting process;

(3) that the Chief Officer and Chief Finance Officer work with NHS Tayside to develop financial recovery plans that clearly sets out the actions required to address the remaining and new risks and to deliver the required level of saving; and that this would be shared with the Integration Joint Board by the end of June 2016;

(4) that should the information produced by the Chief Officer and Chief Finance Officer be unable to confirm that the Integration Joint Board would be able to

breakeven in 2016/2017, then the Integration Joint Board would notify NHS Tayside of the likely projected positions, as per the Integration Scheme, and noted the likelihood of the need to invoke the risk sharing agreement as outlined in the Integration Scheme, whereby responsibility for meeting overspends in the first 2 years lay with the partner delivering the services (in this case NHS Tayside) and to advise NHS Tayside accordingly.

(iv) to delegate authority to the Chief Officer and Chief Finance Officer, in conjunction with the Chair and Vice Chair to conclude discussions with NHS Tayside regarding the 2016/2017 budget.

5. DUE DILIGENCE UPDATE

With reference to Article 9 of the minute of meeting of the Angus Health and Social Care Integration Joint Board of 17 February 2016, there was submitted Report No IJB 27/16 by the Chief Finance Officer, providing a final report to the Integration Joint Board regarding the pre-Integration Due Diligence process for Angus Integration Joint Board.

The Report aimed to summarise the information regarding financial risk that had been identified during the Due Diligence work and, in particular, to provide a status of those risks after budget discussions with Angus Council and NHS Tayside.

Appendix 1 to the Report outlined the current status for 2016/2017 for all identified risks and was based on the information available after budget discussion with partners. Though most risks had been addressed or considered within the budget discussions, a small number of risks remained unresolved or of particular note. In addition there were some new or emerging risks and some significant risks had, at least partially, resulted from NHS Tayside seeking to address legacy issues in their budget setting process but had required to remodel future savings targets (replacements risks), as outlined in Section 3 of the Report.

The Integration Joint Board agreed:-

(i) to note the summary of risks identified through the Due Diligence process, in particular the status of those risks after the budget discussion with Angus Council and NHS Tayside; as outlined in Appendix 1 to the Report;

(ii) to note the remaining, noteworthy and new Due Diligence risks set out in Section 3.2 of the Report;

(iii) to note that the resources and risks reflected through the Due Diligence process would influence the Board's view regarding proposed devolved budgets, the Integration Joint Board's Financial Plan and that the Integration Joint Board would require to determine those arrangements that required to be put in place to manage these risks in conjunction with Angus Council and NHS Tayside;

(iv) to note the position regarding Large Hospital resources; and

(v) to commend the Chief Finance Officer for his commitment and hard work.

6. FINALISATION OF THE ANGUS STRATEGIC PLAN

With reference to Article 6 of the minute of meeting of the Angus Health and Social Care Integration Joint Board of 17 February 2016, there was submitted Report No IJB 28/16 by the Head of Adult Services, Angus Council, seeking approval of the draft Strategic Plan as the finalised Strategic Plan of the Angus Integration Joint Board, as required by Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014, for the period 1 April 2016 to 31 March 2019.

The Report indicated that the statutory consultation required by the Act had closed on 21 February 2016. A total of 168 responses had been received and a summary of responses were outlined in Appendix 1 to the Report.

The Strategic Plan included details of the financial settlement between Angus Council and the Integration Partnership. A revised Financial Statement detailed in Section 10 of the Strategic Plan was submitted and considered by members.

Following discussion and having heard from some members, the Integration Joint Board agreed:-

(i) to note the summary of feedback from the period of public consultation in respect of the Angus Integration Joint Board's Strategic Plan, as outlined in Appendix 1 to the Report;

(ii) to note the further draft Strategic Plan, as outlined in Appendix 2 to the Report;

(iii) that with reference to the "Working with Partners" section of the Strategic Plan, this would be further reviewed with regards to the role of the independent and third sectors;

(iv) to approve the draft Strategic Plan, outlined in Appendix 2 as the finalised Strategic Plan of the Angus Integration Joint Board, as required by Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014, for the period 1 April 2016 to 31 March 2019; and

(v) to request the Chief Officer submit a progress update report to the June meeting of the Integration Joint Board with six monthly progress update reports thereafter to the Integration Joint Board on the implementation of the Strategic Plan.

7. IMPLEMENTATION PLAN UPDATE – MARCH 2016

With reference to Article 5 of the minute of meeting of the Angus Health and Social Care Integration Joint Board of 17 February 2016, there was submitted Report No IJB 29/16 by the Chief Officer, updating Integration Joint Board members on the Integration Implementation Plan.

The Integration Joint Board agreed:-

(i) to note the progress of the Implementation Plan; and

(ii) to approve the updated Implementation Plan.

8. PERFORMANCE MANAGEMENT FRAMEWORK

The Chief Officer provided a verbal overview and update in relation to the Performance Management Framework.

She advised that there had been two recent appointments to the Angus Health and Social Care Partnership. George Bowie, the current Head of Adult Services, People Directorate, Angus Council had been appointed as the Head of Community Health and Care Services for the two South localities and would be the Executive Lead for Planning and Commissioning. Gail Smith, the current Interim Lead Officer/Lead Nurse, NHS Tayside (Angus) had been appointment as Head of Community Health and Care Services for the two North localities and would be the Executive Lead for Audit, Improvement and Performance. Both posts were to be with effect from 1 April 2016. She indicated that they would also be her nominated deputies.

The Chair on behalf of the Board offered congratulations to both Gail Smith and George Bowie on their appointments.

Thereafter, she advised that Gail Smith would oversee the performance management framework and that a further report would be brought to the next meeting of the Integration Joint Board.

9. CLINICAL, CARE AND PROFESSIONAL GOVERNANCE FRAMEWORK

With reference to Article 7 of the minute of meeting of the Angus Health and Social Care Integration Joint Board of 17 February 2016, there was submitted Report No IJB 30/16 by the Chief Social Work Officer advising of progress in developing Clinical, Care and Professional Governance arrangements within the Angus Health and Social Care Partnership.

The Report outlined that the framework identified six domains of governance. Each of these domains required to be underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability.

Appendix 1 outlined the responses to the questions in relation to the Patient/Service User/Carer and Staff Experience domain and Appendix 2 to the Report outlined the R2 Group Health and Social Care Assurance Information – Initial Mapping Report.

The Integration Joint Board agreed:-

(i) to note the work that was ongoing in Angus to develop Clinical, Care and Professional Governance arrangements; and

(ii) to note the contents of the Report and associated appendices.

10. RISK REGISTER UPDATE – MARCH 2016

With reference to Article 8 of the minute of meeting of the Angus Health and Social Care Integration Joint Board of 17 February 2016, there was submitted Report No IJB 31/16 by the Chief Officer updating members on the Risk Register to March 2016.

The Integration Joint Board agreed:-

(i) to note the management actions updated in Risks 3,6,7,8,9,10 and 11, highlighted in blue within the Risk Management Summary, as outlined in Appendix 1 to the Report; and

(ii) to note that there were no new risks.

11. FINANCIAL REGULATIONS

There was submitted Report No IJB 17/16 by the Chief Finance Officer seeking approval of the Angus Integration Joint Board's (IJB) Financial Regulations.

The Report indicated that under the Scottish Government Regulations, the Chief Officer, supported by the Chief Finance Officer must ensure that there were adequate systems and controls in place for the proper management of the Integration Joint Board's financial affairs. The Financial Regulations, as outlined in Appendix 1, detailed the responsibilities of the Integration Joint Board and serving members.

The Financial Regulations had been collated through the joint working of a Tayside-wide Finance Group, and had been reviewed by Angus Integration Joint Board's Internal Auditors, NHS Tayside Financial Governance and Angus Council Finance representatives.

The Integration Joint Board agreed:-

(i) to approve the Financial Regulations, as outlined in Appendix 1 to the Report; and

(ii) to note that, particularly at the inception of the Integration Joint Board, these Regulations would require to be reviewed regularly and that a formal review would be undertaken during the financial year 2016/17.

12. AUDIT COMMITTEE

There was submitted Report No IJB 32/16 by the Chief Finance Officer to consider the establishment of an Audit Committee of the Integration Joint Board; and to agree the constitution of the Audit Committee and its remit.

The Report indicated that good practice in relation to corporate governance required that the Board should ensure that effective arrangements were in place to provide assurance on governance and internal control.

The Audit Committee should be independent and objective and in addition, each member should have a good understanding of the objectives and priorities of the organisation and of their role as an Audit Committee member.

Having heard from David Thompson, Principal Solicitor, the Integration Joint Board agreed:-

(i) to establish an Audit Committee of the Integration Joint Board; and requested members who were interested in becoming a member of the Audit Committee to advise the Committee Officer as soon as practical;

(ii) that:-

(a) the Audit Committee should comprise two voting members of the Integration Joint Board (one each from voting membership from Angus Council and NHS Tayside) who were not the Chair or Vice Chair of the Integration Joint Board (who should be entitled to vote at the Audit Committee);

(b) the Audit Committee should also comprise three non voting members of the Integration Joint Board (who should also be entitled to vote at the Audit Committee) (excluding the Chief Officer and Chief Finance Officer who cannot be members of the Audit Committee but would be expected to attend); and

(c) the membership of the Audit Committee should be reviewed and re-selected when the holder of the office of the Chair and Vice Chair of the Integration Joint Board changes in accordance with the Integration Scheme;

(d) the Audit Committee should meet three times per year unless circumstances required additional meetings;

(e) the Audit Committee shall appoint a Chair and Vice Chair of the Committee at their first meeting (who need not be a voting member of the Integration Joint Board);

(f) the Standing Orders of the Integration Joint Board shall apply (with the necessary changes) to the business and meetings of the Audit Committee; and

(g) members of the Audit Committee would require to attend one development event a year in respect of their role as Audit Committee members.

(iii) that the remit of the Audit Committee shall be:-

(a) to agree that the Internal Audit Plan for the Integration Joint Board (without further reference to the Integration Joint Board);

(b) to consider the terms of any external or internal Inspections, Assessments or Audits of the Integration Joint Board with a view to making recommendations to the Integration Joint Board in respect thereof;

(c) to scrutinise the annual accounts and Governance Statements; and

(d) to appoint the members of its Audit Committee in terms of (ii) above.

13. AUDIT ARRANGEMENTS – EXTERNAL AUDIT PLAN AND INTERNAL AUDIT ARRANGEMENTS

With reference to Article 14 of the minute of meeting of the Angus Health and Social Care Integration Joint Board of 11 November 2015, there was submitted Report No IJB 33/16 by the Chief Finance Officer, outlining the External Audit plan for the financial year 2015/2016; and setting out proposals regarding the Internal Audit arrangements for future years.

The Report outlined the responsibilities that rested with the Integration Board, the responsibilities of the External Auditors, the Audit approach and the main audit issues and risks. The report set out the audit work plan that was proposed to be undertaken in 2015/16.

It was expected that, as part of the overall Corporate Support arrangements, Internal Audit capacity would be supported by partner organisations (NHS Tayside and Angus Council), such that there was would be a nil additional internal Audit cost to Angus Integration Joint Board.

The Integration Joint Board agreed:-

(i) to note the background to the requirements for the Integration Joint Board to produce a formal set of financial accounts for financial year 2015/2016 and the likely content;

(ii) to note the arrangements for providing External Audit scrutiny of those accounts;

(iii) to note the External Audit Plan for 2015/2016, as appended to the Report; and

(iv) to grant delegated authority to the Chief Officer and Chief Finance Officer to conclude discussions with Fife, Tayside and Forth Valley Management Services (FTF) and Angus Council for the provision of Internal Audit services for 2016/2017 and beyond, as described in Section 3.4 of the Report.

14. EQUALITY OUTCOMES

There was submitted Report No IJB 34/16 by the Chief Officer seeking approval of the Equality Outcomes which were required to be published by all Integration Joint Boards by 30 April 2016.

The Report indicated that the Equality Act 2010 required the Integration Joint Board to prepare equality outcomes and a mainstreaming report. The equality outcomes had been drawn from the Strategic Plan.

The Integration Joint Board agreed:-

(i) to note and approve the proposed equality outcomes, as outlined in the Appendix to the Report; and

(ii) to note that the final details of the equality outcomes and mainstreaming report would be presented to the Integration Joint Board in May 2016.

15. DIRECTION OF FUNCTIONS TO ANGUS COUNCIL

There was submitted an amended Report No IJB 35/16 by the Chief Officer recommending the direction of functions to Angus Council in terms of the Public Bodies (Joint Working) (Scotland) Act 2014.

The Report indicated that Angus Council and NHS Tayside were legally required, both in terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Scheme between Angus Council and NHS Tayside (which required the approval of the Scottish Ministers) to delegate functions to the Board. In the case of Angus Council, these functions were identified and outlined in Appendix 1 to the Report and equated to the services identified in Appendix 2 to the Report.

The Integration Scheme and the 2014 Act provided that, in order to secure the performance of the functions referred to in Appendix 1, the Board required to direct the performance of those function by either Angus Council or NHS Tayside.

The Integration Joint Board agreed:-

(i) to note the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 that required Angus Council and NHS Tayside to delegate certain functions to the Board;

(ii) to note that, in order to secure the performance of the functions referred to in (i) above, the Board required to direct the performance of those functions by either Angus Council or NHS Tayside;

(iii) to authorise the Chief Officer to direct Angus Council to perform the functions referred to in Appendix 1 (which functions were performed by the services identified in Appendix 2) with effect from 1 April 2016;

(iv) that the functions to be directed to Angus Council would require to be performed in accordance with all legal and regulatory requirements and having regard to:-

(a) the Integration Delivery Principles;
(b) the National Health and Wellbeing Outcomes;
(c) the Integration Scheme;
(d) the Strategic Plan; and

(v) to make available to Angus Council the sums determined in accordance with the method set out in the Integration Scheme between Angus Council and NHS Tayside (and as set out in Appendix 3).

16. DIRECTION OF FUNCTIONS TO NHS TAYSIDE

There was submitted an amended Report No IJB 36/16 by the Chief Officer recommending the direction of functions to NHS Tayside in terms of the Public Bodies (Joint Working) (Scotland) Act 2014.

The Report indicated that Angus Council and NHS Tayside were legally required, both in terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Scheme between Angus Council and NHS Tayside (which required the approval of the Scottish Ministers) to delegate functions to the Board, In the case of NHS Tayside these functions were identified and outlined in Appendix 1 to the Report and equated to the services identified in Appendix 2 to the Report.

The Integration Scheme and the 2014 Act provided that, in order to secure the performance of the functions referred to in Appendix 1, the Board required to direct the performance of those function by either Angus Council or NHS Tayside.

The Integration Joint Board agreed:-

(i) to note the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 that required Angus Council and NHS Tayside to delegate certain functions to the Board;

(ii) to note that, in order to secure the performance of the functions referred to in (i) above, the Board required to direct the performance of those functions by either Angus Council or NHS Tayside;

(iii) to authorise the Chief Officer to direct NHS Tayside to perform the functions referred to in Appendix 1 (which functions were performed by the services identified in Appendix 2) with effect from 1 April 2016;

(iv) that the functions directed to NHS Tayside would require to be performed in accordance with all legal and regulatory requirements and having regard to:-

(a) the Integration Delivery Principles;
(b) the National Health and Wellbeing Outcomes;
(c) the Integration Scheme;
(d) the Strategic Plan; and

(v) to make available to NHS Tayside the sums determined in accordance with the method set out in the Integration Scheme between Angus Council and NHS Tayside (and as set out in Appendix 3).

17. INTERIM I.T. STRATEGY

There was submitted Report No IJB 37/16 by the Chief Officer informing members of the Interim I.T. Strategy for the Angus Health and Social Care Partnership which had been developed in partnership with Angus Council and NHS Tayside.

The Report indicated that the work and consultation continued to ensure that all Information and Data Sharing undertaken was within the remit of SASPI (Scottish Accord for the Sharing of Personal Information), the Data Protection Act 1998, and any future information sharing agreements. This also included awareness of, and adhered to, strict information governance arrangements in line with both Angus Council and NHS Tayside current policies and procedures.

The Integration Joint Board agreed:-

(i) to note the content of the Interim I.T. Strategy;

(ii) to note the Interim Strategy which was designed to meet the short term needs of the Angus Health and Social Care Partnership; and that it would evolve to meet the business needs of the Partnership as they were clarified; and

(iii) to commend the work of the Project Officer.

18. SCHEME OF DELEGATION TO THE CHIEF OFFICER

There was submitted Report No IJB 38/16 by the Chief Officer, seeking approval of the Scheme of Delegation to the Chief Officer to regulate the decision making process of the Board.

The Report indicated that good practice in relation to corporate governance required that the Board should ensure that effective arrangements were in place in relation to decision making. In addition, it was submitted that decisions of the Board should be delegated to the most appropriate level to ensure that the Board could focus on strategy and policy and that

operational decisions could be made by these officers best equipped to make those decisions.

The Integration Joint Board agreed to approve and adopt the Scheme of Delegation to the Chief Officer in terms of the Scheme of Delegation to the Chief Officer, as outlined in Appendix 1 to the Report.

19. DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting would take place on Wednesday 18 May 2016 at 2.00pm in the Town and County Hall, Forfar.

The Chief Officer advised that she had been made aware that a number of members would not be available to attend the Integration Joint Board meeting scheduled for 6 July 2016 and requested that this be rescheduled to the last week in June. The Chair was content with the arrangements and indicated that confirmation of the final date and time would be advised to members and officers in due course.

ANGUS
Health & Social Care
Partnership

Agenda Item 3 (b)

Action Points Update from Angus Health and Social Care Shadow Integration Joint Board

Complete	On Target	Overdue

Current Actions

MEETING	ACTION POINT	RESPONSIBILITY	PROGRESS	Timeline
23 March 2016	Letter to NHS Tayside noting acceptance of devolved budget in principle, with agreed conditions.	Vicky Irons/ Sandy Berry	Completed	31 March 2016
	Establish financial plans with NHS Tayside to deliver required savings for consideration at June IJB meeting.	Sandy Berry	In progress	30 June 2016
	To submit update reports on the Strategic Plan.	George Bowie	In progress	June 2016 and then half yearly
	To submit Performance Management report to future IJB meetings.	Gail Smith	In progress	June 2016 and to agreed schedule
	To appoint members to Audit Committee arrangements.	Sandy Berry	In progress	May 2016
	To submit Equality Outcomes mainstreaming report.	Vicky Irons	Completed	May 2016
	Issue directions to Angus Council	Vicky Irons/ David Thompson	Completed	May 2016

MEETING	ACTION POINT	RESPONSIBILITY	PROGRESS	Timeline
	Issue directions to NHS Tayside	Vicky Irons/ David Thompson	Completed	May 2016
17 February 2016	Complete final Strategic Plan	George Bowie	March IJB meeting	23 March 2016 - Completed
	Clinical and Governance – Complete example of assurance framework	Tim Armstrong	March IJB meeting	23 March 2016 - Completed
	To review timescales for future risk management updates	Vicky Irons/ Gail Smith		March 2016 - Completed
	Complete Financial Plan and associated risks	Sandy Berry	March IJB meeting	23 March 2016 - Completed
	Adopt Angus Partnership logo	Vicky Irons		March 2016 - Completed
	Chief Officer and Chief Finance Officer to conclude discussion and to confirm to Angus Council that Angus IJB accepted the proposed devolved budget for the year 2016/17	Vicky Irons/ Sandy Berry		March 2016 - Completed

AGENDA ITEM NO 4
REPORT NO. IJB 39/16

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 18 MAY 2016

ETHICAL STANDARDS IN PUBLIC LIFE ETC. (SCOTLAND) ACT 2000
CODE OF CONDUCT

REPORT BY PROPER OFFICER OF THE INTEGRATION JOINT BOARD

ABSTRACT

The purpose of this report is to seek approval of a draft Code of Conduct for the Integration Joint Board, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000, for submission to the Scottish Government for approval.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board approve the draft Code of Conduct for Members of the Angus Integration Joint Board annexed as Appendix 1 to this report, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000, for submission to the Standards Commission for approval.

2. REPORT

2.1 The Ethical Standards in Public Life etc. (Scotland) Act 2000 ("the 2000 Act") introduced a new ethical framework which required Scottish Ministers to issue a Code of Conduct for Councillors and a Model Code of Conduct for members of devolved public bodies.

2.2 Integration Joint Boards are "devolved public bodies" for the purposes of the 2000 Act. This means that each Integration Joint Board must produce a Code of Conduct setting out how its members should conduct themselves in undertaking their duties.

2.3 The Board, at its meeting on 6 October 2015, approved Standing Orders. Standing Orders 7.1 to 7.4 relates to Codes of Conflict and Conflicts of Interest. In summary, the Board agreed that the members of the Integration Joint Board shall subscribe and comply with the Standards in Public Life - Model Code of Conduct for Members of Devolved Public Bodies which was deemed to be incorporated into the Standing Orders. At the time this was known to be an interim measure as the Scottish Government were working on a bespoke Model Code of Conduct for Members of Integration Joint Boards.

2.4 The Model Code of Conduct for Members of Integration Joint Boards has now been produced by the Scottish Ministers. A draft Code of Conduct for this Board has been produced based on the Model Code of Conduct. This is attached as Appendix 1 to this report. As required by the 2000 Act, the Board is asked to approve the draft Code of Conduct for submission to the Scottish Government. The Board is asked to note that, other than amending the draft Code of Conduct to provide that it relates to this Board, no amendments have been made from the draft Code of Conduct. It is understood that the Scottish Ministers expect Integration Joint Boards to fully adopt the Model Code of Conduct unless local circumstances require amendment. It is submitted that there are no local circumstances in Angus necessitating a departure from the model Code of Conduct.

2.5 If the Board is minded to approve the draft Code of Conduct for Members of Angus Integration Joint Board then this will be submitted to the Scottish Ministers for approval. The Scottish Government have asked Integration Joint Boards to submit their draft Code of Conduct to them before 21 June 2016.

2.6 If the draft Code of Conduct for Members of Angus Integration Joint Board is approved by the Scottish Government then a further report will be submitted to the Board seeking to amend the Board's Standing Orders to incorporate the new Code of Conduct.

3. FINANCIAL IMPLICATIONS

3.1 There are no financial implications arising directly from this report.

4. CONCLUSIONS

4.1 It is recommended that the Integration Joint Board approve the draft Code of Conduct for Members of the Angus Integration Joint Board annexed as Appendix 1 to this report, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000, for submission to the Standards Commission for approval.

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Proper Officer of Angus Integration Joint Board

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Appendix 1 – Code of Conduct for Members of Angus Integration Joint Board

ANGUS
Health & Social Care
Partnership

CODE of CONDUCT

for

MEMBERS

of

Angus Integration Joint Board

CODE OF CONDUCT for MEMBERS of the Angus Integration Joint Board

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SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, "the 2000 Act", provides for Codes of Conduct for local authority Councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant Code; and establishes a Standards Commission for Scotland, "The Standards Commission" to oversee the new framework and deal with alleged breaches of the Codes.

1.3 The 2000 Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are "devolved public bodies" for the purposes of the 2000 Act.

1.4 This Code for Integration Joint Boards has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. As a member of Angus Integration Joint Board, "the IJB", it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the IJB.

This Code applies when you are acting as a member of the IJB and you may also be subject to another Code of Conduct.

Appointments to the Boards of Public Bodies

1.5 Whilst your appointment as a member of an Integration Joint Board sits outside the Ministerial appointment process, you should have an awareness of the system surrounding public appointments in Scotland. Further information can be found in the public appointment section of the Scottish Government website at http://www.appointed-for-scotland.org/.

Details of IJB membership requirements are set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and further helpful information is contained in the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, which also includes information on Equality Duties and Diversity.

Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government's equality outcome on public appointments is to ensure that

Ministerial appointments are more diverse than at present**.** In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board's appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the IJB on which you serve and of wider diversity and equality issues.

1.6 You should also familiarise yourself with how the IJB policy operates in relation to succession planning, which should ensure that the IJB has a strategy to make sure they have the members in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.

1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should in the first instance seek advice from the Chair of the IJB. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9 You should familiarise yourself with the Scottish Government publication "On Board – a guide for board members of public bodies in Scotland" and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance. These publications will provide you with information to help you in your role as a member of an Integration Joint Board, and can be viewed on the Scottish Government website.

Enforcement

1.10 Part 2 of the 2000 Act sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

Duty
You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the IJB and in accordance with the core functions and duties of the IJB.

Selflessness
You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity
You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity
You must make decisions solely on merit and in a way that is consistent with the functions of the IJB when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the IJB uses its resources prudently and in accordance with the law.

Openness
You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty
You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the IJB and its members in conducting public business.

Respect
You must respect fellow members of the IJB and employees of related organisations supporting the operation of the IJB and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of the IJB.

2.2 You should apply the principles of this Code to your dealings with fellow members of the IJB, employees of related organisations supporting the operation of the IJB and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of the IJB.

SECTION 3: GENERAL CONDUCT

3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the IJB.

Conduct at Meetings

3.2 You must respect the chair, your colleagues and employees of related organisations supporting the operation of the IJB in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings. You should familiarise yourself with the Standing Orders for the IJB, which govern the Board's proceedings and business. The "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, will also provide you with further helpful information.

Relationship with IJB Members and Employees of Related Organisations

3.3 You will treat your fellow IJB members and employees of related organisations supporting the operation of the IJB with courtesy and respect. It is expected that fellow IJB members and employees of related organisations supporting the operation of the IJB will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation and the Health Board or local authority of the IJB should be able to provide this information to any IJB member on request.

Public bodies should promote a safe, healthy and fair working environment for all. As a member of the IJB you should be familiar with any policies of the Health Board and local authority of the IJB as a minimum in relation to bullying and harassment in the workplace, and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

3.4 You must comply with any rules applying to the IJB regarding remuneration, allowances and expenses.

Gifts and Hospitality

3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term "gift"

includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

3.6 You must never ask for gifts or hospitality.

3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your IJB. As a general guide, it is usually appropriate to refuse offers except:

(a) isolated gifts of a trivial character, the value of which must not exceed £50;

(b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or

(c) gifts received on behalf of the IJB.

3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision that the IJB may be involved in determining, or who is seeking to do business with your IJB, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of the IJB then, as a general rule, you should ensure that your IJB pays for the cost of the visit.

3.9 You must not accept repeated hospitality or repeated gifts from the same source.

3.10 As a member of a devolved public body, you should familiarise yourself with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the IJB in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring the IJB into disrepute.

Use of Health Board or Local Authority Facilities by Members of the IJB

3.13 Members of the IJB must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the Health Board or local authority policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the IJB.

Appointment to Partner Organisations

3.14 In the unlikely circumstances that you may be appointed, or nominated by the IJB, as a member of another body or organisation, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

3.15 Members who become directors of companies as nominees of their IJB will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the IJB. It is your responsibility to take advice on your responsibilities to the IJB and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called "Registerable Interests". You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the IJB's Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2 The Regulations[1] as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:

- employed;
- self-employed;

[1] SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

This requirement also applies where, by virtue of your employment in a particular post, you are required to be a member of the IJB.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.

4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

4.14 The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration declared under category one – and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the IJB of which you are a member:

(i) under which goods or services are to be provided, or works are to be executed; and

(ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

Category Five: Interest in Shares and Securities

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:

(i) greater than 1% of the issued share capital of the company or other body; or

(ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

Category Seven: Non–Financial Interests

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the IJB to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. This requirement also applies where, by virtue of your membership of a particular group, you have been appointed to the IJB.

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: DECLARATION OF INTERESTS

General

5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the IJB. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions. For further detail on the declaration requirements of the IJB, you can refer to the IJB's Standing Orders.

5.2 IJBs inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the IJB and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of the IJB. You will wish to familiarise yourself with your IJB's standing orders and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exits, they should seek advice from the board chair in the first instance.

5.5 As a member of the IJB you might *also* serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your IJB and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of an IJB. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of an IJB as opposed to the interest of an ordinary member of the public.

Your Financial Interests

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest as a:

- Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the IJB, or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

you do not, for that reason alone, have to declare that interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

5.9 You must declare, if it is known to you, any non-financial interest if:

(i) that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or

(ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You do not have to declare an interest solely because you are a Councillor or Member of another Devolved Public Body or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is

appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

(i) a spouse, a civil partner or a co-habitee;

(ii) a close relative, close friend or close associate;

(iii) an employer or a partner in a firm;

(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;

(v) a person from whom you have received a registerable gift or registerable hospitality;

(vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the IJB and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

(i) a spouse, a civil partner or a co-habitee;

(ii) a close relative, close friend or close associate;

(iii) an employer or a partner in a firm;

(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;

(v) a person from whom you have received a registerable gift or registerable hospitality;

(vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words "I declare an interest". The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

Frequent Declarations of Interest

5.15 Public confidence in an IJB is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss this at the earliest opportunity with their chair.

Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your IJB and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is

sought. You should not take part in the consideration of the matter in question until the application has been granted.

SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

Introduction

6.1 In order for the IJB to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the IJB conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups. You should also familiarise yourself with the "Roles, Responsibilities and Membership" guidance for members of an Integration Joint Board.

Rules and Guidance

6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of the IJB or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the IJB.

6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of the IJB.

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work relating to health and social care:-

(a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.

(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

Members of Integration Joint Boards are appointed because of the skills, knowledge and experience they possess. The onus will be on the individual member to consider their position under paragraph 6.7.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the chair of the IJB in the first instance.

ANNEX A

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

(a) Censure – the Commission may reprimand the member but otherwise take no action against them;

(b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:

i) all meetings of the public body;

ii) all meetings of one or more committees or sub-committees of the public body;

iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.

(c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;

(d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

(a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.

(b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

ANNEX B

DEFINITIONS AND EXPLANATORY NOTES

"Chair" includes Board Convener or any person discharging similar functions under alternative decision making structures.

"Code" code of conduct for members of devolved public bodies

"Cohabitee" includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

"Group of companies" has the same meaning as "group" in section 262(1) of the Companies Act 1985. A "group", within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

"Parent Undertaking" is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking's memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking**.**

"A person" means a single individual or legal person and includes a group of companies.

"Any person" includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

"**Public body"** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

"Related Undertaking" is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

"Remuneration" includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

"Spouse" does not include a former spouse or a spouse who is living separately and apart from you.

"Undertaking" means:
a) a body corporate or partnership; or
b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

AGENDA ITEM NO 5
REPORT NO. IJB 40/16

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 18 MAY 2016

PARTNERSHIP FUNDS

REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER

ABSTRACT

The purpose of this report is to update the Integration Joint Board (IJB) regarding the status of a series of Partnership Funds that have, up to March 2016, been overseen by the Partnership's Finance Monitoring Group.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) agrees the continued remit and reporting channels for the Finance Monitoring Group (FMG).

(ii) notes the status of the funding streams described and, in particular, review and support the allocations agreed, in line with the Strategic Plan, via the Finance Monitoring Group regarding Integrated Care Fund and Delayed Discharge funding.

(iii) notes the risks associated with the lack of clarity regarding the longer term future of the Integrated Care Fund.

(iv) notes the issued raised under Resource Management Issues and,

(v) approves the Procurement Exemption Requests.

(vi) requests that half yearly updates are provided by the Strategic Planning Group to the IJB regarding the utilisation of Partnership Funds as overseen by the FMG, and

(vii) notes that routine finance monitoring reports provided to the IJB will include summarised reference to Partnership Funds highlighting relevant issues.

2. FINANCE MONITORING GROUP – REMIT AND REPORTING CHANNELS

2.1 In 2014 the Angus Partnership set up a Finance Monitoring Group. This group was overseen by the Head of Adult Services (Angus Council) and included multi-agency membership. It had responsibility for overseeing funds allocated to the Angus Partnership by the Scottish Government. A briefing paper describing the function of the Group was brought to Angus IJB Shadow Board meeting in late 2014.

The Finance Monitoring Group and its remit and reporting channel now need to be re-confirmed in the context of the formal implementation of Angus IJB from 1st April 2016. As noted from information below, much of the work of the FMG is still ongoing and will continue for the duration of the current Strategic Plan. However, given the status of the recently approved Strategic Plan and the existence of the local Strategic Planning Group, it would now logically follow that the FMG should:-

a. Have a remit that broadly continues to oversee the investment of Partnership Funds in line with the Strategic Plan, including approving allocations, and continues to fulfil the role of ensuring good governance and monitoring of the those funds;

b. reports back on the utilisation, governance and monitoring of those funds to the Strategic Planning Group; and

c. confirms the formal reporting relationship with the Strategic Planning Group (SPG) in the first report to the SPG.

3. PARTNERSHIP FUNDS

3.1 The funds generally considered via the FMG up to March 2016 included:-

- Change Fund (SG funding concluded in 2014/15)
- Integrated Care Fund (from 2015/16)
- Delayed Discharge Funding (from 2015/16)
- Transitional Funds (One off in 2014/15)
- Technology Enabled Care Funding (from 2015/16).

It is recommended that these funds, and natural successors, continue to be overseen by the FMG along with the Partnership's share of the Integration Funding (national £250m, Angus £5.34m) agreed by the Scottish Government from 2016/17 not previously allocated to pre-agreed Local Authority costs.

For all of the above FMG oversight would continue until it was deemed that individual funding streams had been mainstreamed from which time the funds would be managed in a manner consistent with other mainstreamed funding.

3.2 CHANGE FUND

This funding formally ceased in March 2015 however there were some balances of funding with spend incurred after the formal conclusion date.

3.3 INTEGRATED CARE FUND

In 2015/16, Angus Partnership received £2.13m of Integrated Care Fund (ICF) funding from the Scottish Government. This was allocated in a manner consistent with the Scottish Government guidance and local priorities. For 2016/17 and at least for 2017/18 funding of £2.13m per annum is expected. There is a very important element of clarification required regarding the status of this funding for period beyond March 2018. The outcome of this clarification will have a major impact on the future financial planning for the IJB.

Value - £2.13m per annum (possibly subject to marginal formula adjustments).

Duration – Clarification required regarding duration of funding.

Scottish Government Review – Scottish Government requires an annual assessment of ICF plans and spend.

Purpose/Remit – (Per Scottish Government) To support innovative new ideas and service change, designed to shift the balance of care, rather than to maintain historic arrangements.

Local Management – Managed via the Finance Monitoring Group.

Local Status - This is set out in the table below (Table 1). Allocations for 2016/17 and 2017/18 have largely been agreed via the FMG and are intended to support the local implementation of the Strategic Plan. It is recommended the IJB reviews and supports these allocations. Plans beyond March 2018 are largely based on ear-marks (noting uncertainly re future Scottish Government funding beyond March 2018).

Note – There is an interaction between the Integrated Care Fund funding profile and Delayed Discharge funding profile described at 3.4.

Note – Although the Integrated Care Fund started in 2015/16, other local Integration Funds have been built into the financial plan for this funding stream.

Risks – The IJB should note that local plans would need to be revised if further clarification from the Scottish Government confirms this funding is time limited to March 2018.

Angus Integration Joint Board – Integrated Care Fund Summary (ICF) **Table 1**

Project/Work stream	2015/16 Actual £k	2016/17 Plan £k	2017/18 Plan £k	2018/19 Plan £k
Enablement – Social Care Enablement Teams	195	240	240	240
Enhanced Community Support	300	0	0	0
Physiotherapy & Generic Rehab & Falls	149	180	160	160
Hospital Discharge Pathway	297	297	297	297
Dementia	101	108	108	108
Supported Housing	75	0	0	0
Organisational Development Support	224	249	250	235
Supporting Self Directed Support	1	91	71	0
Data Sharing System	0	100	0	0
Carers Support	258	245	256	256
Working with Communities	296	135	135	135
Working with Communities II	0	400	400	300
Joint Store	0	170	30	0
Keep Well	13	30	73	73
Locality Allocation	0	200	200	100
Glen Isla	62	60	60	0
Other	89	106	52	70
Movement between Funds (ICF/Delayed Discharge)	0	391	-170	0
Unallocated	0	0	120	125
Slippage/Contingency	0	75	50	75
Total	**2060**	**3077**	**2332**	**2174**
Brought Forward from Previous Year	**1124**	**1194**	**246**	**44**
Scottish Government Funding (Confirmed)	**2130**	**2130**	**2130**	**0**
Scottish Government Funding (Assumed)	**0**	**0**	**0**	**2130**
Carried Forward to Next Year	**1194**	**246**	**44**	**0**

3.4 DELAYED DISCHARGE

In 2015/16, Angus Partnership received £639k Delayed Discharge funding from the Scottish Government. There was an initial lack of national guidance and local decision making channels regarding this funding stream. This did impact on the utilisation of the funds in 2015/16. For 2016/17 and beyond the status of this funding is as follows:-

Value - £639k per annum (possibly subject to marginal formula adjustments).

Duration – Assumed to be permanent.

Scottish Government Review – The Scottish Government has not set out any review or approval criteria for this funding stream.

Purpose/Remit – To maximise opportunity for effective discharge planning and minimise number of unnecessary admissions.

Local Management – Managed via the Finance Monitoring Group

Local Status - This is set out in the table below (Table 2). Allocations for 2016/17 and 2017/18 have largely been agreed via the FMG and are intended to support the local implementation of the Strategic Plan. Previous discussions indicate that local proposals require confirmation via joint discussion with Tayside IJB Chief Officers and NHS Tayside's Director of Acute Services. It is recommended the IJB reviews and supports these allocations. Plans beyond March 2018 are largely based on ear-marks, but need to reflect uncertainty re ICF funding.

Angus Integration Joint Board – Delayed Discharge Summary **Table 2**

Project/Work stream	2015/16 Actual £k	2016/17 Plan £k	2017/18 Plan £k	2018/19 Plan £k
Develop Home Care Market Contracts	0	100	150	150
Enhanced Community Support	4	745	150	0
Working with Communities	115	0	0	0
Other	69	185	169	169
Acute Sector	558	0	0	0
Movement between Funds (ICF/DD)	0	-391	170	0
Unallocated (Note ICF Assumptions)	0	0	0	320
Total	**746**	**639**	**639**	**639**
Brought Forward from Previous Year	**107**	**0**	**0**	**0**
Scottish Government Funding	**639**	**639**	**639**	**639**
Carried Forward to Next Year	**0**	**0**	**0**	**0**

3.5 TRANSITIONAL FUNDS

In 2014/15, all Partnership received funds to support the process of Transition towards Integrations. In Tayside some of this funding was allocated to shared Tayside–wide projects with a balance being retained locally. In Angus we have absorbed much of the transitional cost within core resources and other local funding (e.g. Change Fund, Integrated Care Fund). Some of the local resources has been used to support short term costs but a balance of c£95k will be carried forward in to 2016/17 and utilised alongside other Partnership allocation (i.e. Integrated Care Fund and Delayed Discharge).

3.6 TECHNOLOGY ENABLED CARE FUNDING

While this funding is overseen by the Finance Monitoring Group, there is minimal local flexibility as to how the funding is applied as approved funding comes direct from the Scottish Government for specific developments. To date funding of £145k and £34k has been received in 2015/16 and 2016/17. The IJB is awaiting the outcome of a bid for funding re 2017/18.

3.7 INTEGRATION FUNDING (Share of National £250m, Angus £5.34m)

As the Committee will recall much of the Angus share of the Scottish Government funding was allocated in line with Scottish Government guidance to cover the costs of the likes of the introduction of the Living Wage, charging issue and to support forecast cost burdens within Local Authorities (Adult Social Care). However there will be a remaining balance (c£1m) that requires to be allocated by the Partnership to deliver additional capacity in line with the Strategic Plan. This process is still at an early stage and future allocations will be agreed by the FMG.

4. RESOURCE MANAGEMENT ISSUES

4.1 As the IJB develops so the way it allocates its funding will develop. The points below note various issue regarding management of resources.

4.2 DEVOLVING FUNDS TO THE THIRD SECTOR

Currently Angus IJB, as with the Angus partnership prior to 1st April 2016, allocates funds to various organisations in the local Third Sector. From 2016/17, Voluntary Action Angus (VAA) has played an increasing role in the allocation process associated with those funds. It is the intention that the IJB will consider developing this role over time and could, in due course, develop a broader monitoring role for VAA or a broader role in the overall management of Partnership funds. This will be considered in stages and in the context of other financial developments (e.g. development of Localities) and clarifications (e.g. re permanence of funding).

4.3 DEVOLVING FUNDS TO LOCALITIES

Angus IJB is keen to start to develop the responsibilities of the 4 Localities within Angus. As a first step towards developing those responsibilities, the FMG has allocated £50k per annum to each of the 4 Localities for 2016/17 and 2017/18 to support local priorities. A framework for allocating this funding is currently under development. In developing that framework, the IJB will need to be conscious of the need to balance financial governance with reporting requirements.

4.4 PROCUREMENT ISSUES

Angus IJB, and the Angus Partnership previously, have developed a number of funding arrangements with Voluntary Action Angus (VAA), Angus Carers and Scottish Care, in line with Scottish Government policies and the overall strategic direction. Payments associated with these arrangements need to be consistent with Council polices (as funding will be actioned via Angus Council) and therefore a series of exemptions (from Financial Regulations, Section 16) are required from Angus Council procurement arrangements. Due to the funding involved and the type of exemption required, within Angus Council these would have been considered by the Exemption Co-ordinator and then approved by the relevant Committee. While the formal route for procurement exemptions is still being considered with regard to IJB procurement via Angus Council, it is important that the IJB Board are aware of the exemptions required and support those exemptions and, if it is required, approve those exemptions.

All exemptions are Exemptions are requested under the category "*the appropriate committee is satisfied that the exemption is justified for some other exceptional reason not referred to above and where approval of the exemption offers overriding demonstrable benefit to the Council*." The Exemption Co-ordinator has been consulted with regard to all of these proposed exemptions but for items over £100k, the final approval for exemptions needs to be at Committee-level. Exemption requests are as follows:-

Exemption Reference	Provider	Value 15/16 16/17 Total	Justification	Manner in Which Best Value will be Ensured
0001	Voluntary Action Angus	£135k, £135k, £270k	IJBs are required to work closely with the Voluntary and Independent Sector and Carers Organisations in order to deliver the requirements of the Integration agenda. That includes having representatives of Third Sector, Carers and Independent Sector as members of the Strategic Planning Group and IJB Board. Voluntary Action Angus, Angus Carers and Scottish Care have previously worked closely with the Angus Partnership and the Angus HSCP intends to continue to develop these working relationships.	Best Value will be ensured through the monitoring frameworks put in place via the Finance Monitoring Group (reporting to the Strategic Planning Group). This will include the quarterly monitoring of funding including reviewing costs incurred and process, outcomes and balancing measures.
0002	Angus Carers	£245k, £256k, £501k		
0003	Scottish Care	£51k, £51k, £102k		

5. CONCLUSIONS

5.1 The IJB Board are asked to consider and agree the proposed remit and reporting channels of the FMG, to note and support the utilisation of the Integrated Care Fund and Delayed Discharge funding.

The IJB should also note the risk associated with the lack of clarity regarding the longer term future of the Integrated Care Fund.

IJB notes the Resource Management Issues and approves the Procurement Exemption Requests.

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May 2016

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 18 MAY 2016

ANGUS STRATEGIC PLAN IMPLEMENTATION PRIORITIES

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The purpose of this report is to identify for Board Members the priority implementation issues within the Angus Strategic Plan, to provide progress reports on some of those key issues, and to seek the Board's endorsement of the outline plans.

The areas reported each relate to one or more of the four Strategic Priorities listed in the Angus Strategic Plan 2016-19:

- Improving health, wellbeing and independence
- Supporting care needs at home
- Developing integrated and enhanced primary care and community responses
- Improving integrated care pathways for priorities in care

All of the identified issues and improvement needs are included within the Angus Strategic Plan.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

(i) notes the progress of the Help to Live at Home programme (HTLH) and endorses the identified "next steps" for further development.

(ii) notes the recommendations made in relation to the work on developing the new sheltered housing/tenancy support delivery model. (A copy of the report to Council is attached as Appendix 1.)

(iii) notes the main improvement issues in Primary Care development and in Prescribing and that further work will be undertaken to develop a transformation plan.

(iv) notes and endorses the plan to roll out Enhanced Community Support in the two North Angus localities.

(v) notes that further work will be undertaken on a Tayside basis and within Angus to progress the detail required to implement the Memorandum of Understanding for Hosted services.

(vi) notes and endorses the approach being taken to Localities development

(vii) instructs further progress reports on key implementation issues within the Angus Strategic Plan on a quarterly basis.

2. BACKGROUND

Board members will recall the submission of the Angus Strategic Plan 2016-2019 to the Board for approval on 23 March 2016, following the regular submission of earlier drafts. The Strategic Plan was duly approved. At a meeting of the Health and Social Care Partnership Strategic Planning

Group held on 20 April 2016 a number of priority projects were identified. This report provides a progress report for some of the key aspects.

3. CURRENT POSITION

3. 1 Help to Live at Home

Background

Help to Live at Home is a 3-5 year programme of change which aims to transfer care at home services for older people from being largely provided directly by Angus Council to being largely provided by external care providers. In the process significant year on year savings, mainly through cost avoidance, will be achieved through improving internal service efficiency, but mainly through obtaining care services from external providers at a lower unit cost.

The programme has been in place for one year with an outline business case (OBC) approved by Angus Council on 18 June 2015. As part of implementing good programme governance, a Programme Board review meeting was held on 8 February 2016 to review progress and to identify areas to be addressed to provide confidence and assurance regarding delivery of the business case outcomes.

A report setting out the findings was shared with the Transforming Angus (TA) Programme Board at its meeting on 11 March. Following this a further report to provide assurance and clarifying action taken in relation to the management of benefits realisation, assurance that the programme is on track, identification of any issues beyond the role and remit of the Programme Board, and the expected savings of £650k in financial year 2016/17, was approved by the TA Board on 22 April.

Governance

The progress review and reporting has resulted in a re-energized focus relating to key elements of the programme and also in relation to governance. A much greater focus has been given to the emerging delivery of benefits and to service delivery change. In addition, a revision of the economic case will be undertaken, with input from Ernst Young, to take account of the positive developments in the internal and external work-streams, a project manager for the residential care project has been allocated from AHSCP, and a project manager for the Internal Efficiencies project will be appointed shortly.

The programme is now being planned using MSP methodology and Microsoft Project planning tools; this will facilitate improved management of the programme and reporting through the benefits realisation plan.

The Business case: Progress to date

The first phase of the internal efficiencies programme has been delivered in line with the original project plan on 4 April 2016. This relates to changes in the working arrangements for internally provided personal care services in order to achieve greater efficiency and reduced unit costs. This project is now in closure stage, and will achieve a saving of £400k in 2016-17, augmented by a further £250k efficiency saving in other parts of care at home services due to resultant restructuring.

The programme has progressed the transfer of care at home services for older people from internal to external providers more quickly than anticipated in the first year of the programme. The external market share has grown from 37% April 2015 to 54% March 2016 (1 year ahead of target).

Together with the internal efficiencies the change in market share has reduced the combined hourly unit cost for internal/external personal care services from £34.59 (OBC figure) to £27.11.

The External Market Efficiency work-stream is progressing well with very positive engagement with external providers who are actively looking for opportunities to expand service capacity in Angus in hard-to-reach areas.

Programme Impact: Planning & Timescales

The transfer of care at home services for older people from internal to external providers is 1 year ahead of target, and this positive trajectory is being monitored through the benefits realisation tool. This is being progressed further through the development of options for a predetermined cost of care rate which aims to support providers to maximise the use of resources while enhancing their sustainability, performance and availability across all of Angus.

Programme Impact: Management of risks and dependencies

The responsibility for service delivery/design, i.e. the future operating model, is now dependent on the strategic priorities of the AHSCP.

Widening the scope of the 2nd phase of the internal efficiencies work-stream is expected to strengthen the capability of the programme to deliver the benefits.

Risk is being actively managed at project and programme levels and there are no new material risks that require to be highlighted.

Changing the market is dependent on the availability of external care services. There is a risk that the preferred option for contracting with the external market may not achieve the anticipated level of savings. This will be tested through a review of the economic case and options appraisal.

An issue was identified in the Birkhill area where a risk to service viability required corrective action to avoid service failure. This issue has presented an opportunity to accelerate the externalisation of provision in this locality, realising benefits sooner than planned, and this is being progressed through agreement by the Programme Board.

It should be stressed that the provision of in-house personal care services will only cease in a given area once we are satisfied that the cover offered by private providers is dependable. It should also be emphasised that specialist personal care services (Early Supported Discharge/Prevention of Admission/Enablement/Community Alarm) will remain in-house.

Next Steps

The second phase is of internal efficiencies and will focus on care at home service redesign and the review of residential care services. This increases the scope of the programme to include a holistic review and design of the future operating model for services including Personal Care, Enablement, ESD/POA and the Community Alarm service; and residential day-care and respite services provided internally and externally. The Programme Board, the TA Board and the Health and Social Care Partnership (AHSCP) executive management team have approved this recommendation in principle.

These proposed changes to the scope can be contained within the overall programme timescale and are likely to drive out further value from the programme.

3.2 Sheltered Housing/Tenancy Support Officers

On February 11 2016, Angus Council agreed the recommendations (i) (ii) (iv) (v) (vi) of the report **Review of Housing for Older People.** This was with reference to Article 5 of the minute of meeting of the Social Work and Health Committee of 12 January 2016, Joint Report No 13/16 by the Strategic Director- People and the Strategic Director – Communities.

Angus Council agreed the recommendations of Report No 13/16 with the exception of recommendation (iii) and that recommendation (iii) was amended to read:

"A service will be maintained, either through a Social Enterprise, a Sheltered Housing Resident fully funded Council scheme, or through an ALTO (Arms Length Trading Organisation).

Officers are instructed to bring forward a working plan whereby the existing tenancy support officers are given the best possible opportunity for continuity of employment, either with Angus Council, a social enterprise company or an ALTO.

Members are to be consulted on all of the details and further reports will be brought forward to a relevant committee after consideration by a Member Officer Group, consisting of 6 members, with the Chief Executive as Convener."

The Member Officer Group (MOG) has been meeting regularly since February and will report to Angus Council on 12 May 2016 with a number of recommendations. This report is attached at Appendix 1. The report is based on one of two service delivery options, the final choice to be determined by the best fit with the service to be provided by Care About Angus (CAA), with whom discussions are ongoing.

There are a number of financial matters relating to the change of service delivery model and the achievement of savings requirement in 2016-17. These are set out within the Angus Council paper. Dialogue is ongoing between Angus Council and IJB officers to determine how this shortfall will be addressed.

3.3 Primary Care and Pharmacy

Primary Care is a hosted service for the Angus IJB. There are a number of key strategic issues which affect the future development and sustainability of effective primary care services in Tayside and Angus. These are set out within the current Primary Care Strategy. Angus will host the establishment of a Tayside Primary Care Leadership Team who will oversee the development of all aspects.

A number of improvement areas are identified within Primary Care and under development in Angus in 2016-17:

- Supporting the increased role of localities and Locality Improvement Groups, including the leadership role for the chairs.
- Supporting the implementation of Enhanced Community Support. Several general practices are developing new models of care based on learning from models such as Nuka and the House of Care and these will continue to evolve throughout 2016/17. A new model of immunisation delivery will be developed and implemented in line with national policy.
- Promoting self-care within communities.
- Ensuring resilience in GP practices in difficulty. This will include development and implementation of a recruitment and retention strategy for general practice and development of the multi-disciplinary team to support community based management.
- Improving the availability of performance information and analysis. This will include development and review of clinical and care governance frameworks to promote safety and a quality culture and an ongoing engagement with colleagues within acute care services to provide clear and effective pathways of care.
- Examining the issues around mental health prescribing and the balance with therapeutic interventions.
- Reviewing the arrangements for primary care support.
- Improving budget performance and achieving savings targets whilst sustaining strategic priorities.
- Improving communications across sectors within Primary Care.
- Infrastructure: This will include development of a Primary Care Strategy and ongoing development of an IT Strategy to support data extraction and connectivity.

Pharmacy

As healthcare changes and the Integration Joint Boards become established, the Angus pharmacy service will continue to adapt to contribute to new systems and pathways of care. The key issues facing Locality Pharmacy in Angus in the coming year will be centred on two main priorities.

The first priority will involve building relationships and services with partners within the HSCP in order to deliver the highest quality pharmaceutical care in the primary care setting. This includes increasing the contact between highly skilled pharmacists and those patients with complex polypharmacy and long term conditions to optimise their medicines, enable them to manage their

medicines at home and prevent unnecessary medicine related admissions. Through skill mix review and service redesign, there is an emerging role for the pharmacy technicians to take on medicines management tasks, including patient compliance assessments, and supporting patients at home with newly prescribed or changed medicines regimens. This will release the senior clinical pharmacists to provide medication review clinics for those patients with complex polypharmacy. Building on the success of the pharmacy component of the Enhanced Community Support service, the service will continue to deliver patient centred pharmaceutical care to those at greatest need. Key to the successful delivery of these service changes is recruitment of pharmacy technicians and retention of pharmacists.

The second priority for Angus Locality Pharmacy services is prescribing support to GP practices. Angus has over 50% of the highest cost practices in Tayside. To tackle this issue a senior prescribing support technician has been appointed for Angus and will work closely with staff in the Prescribing Support Unit to co-ordinate projects, for example the repeat prescribing project and use of the Scottish Therapeutic Utility tool. This will allow focussed pieces of work to be done with regard to prescribing and build closer working between GP practices and the Pharmacy Support Unit. Angus will also benefit from a share of the resource from two new government funded GP practice technician posts.

Work is ongoing to strengthen the pharmacy contribution to the 4 improvement groups established within Angus. These groups provide a unique opportunity to engage all sectors of the pharmacy service with wider colleagues from health and social care to co-design services with all partners, meeting local community health and social care needs.

3.4 Enhanced Community Support

Enhanced Community Support (ECS) is a model of care for frail elderly people supporting early intervention through enhanced care. The model is aimed at early co-ordinated, multidisciplinary (MDT) assessment of frail older people at the point where they begin to decompensate and lose function, preventing crisis that necessitates hospital admission.

The Team also support early hospital discharge via links into secondary care.

ECS has now rolled out from the South West locality where it was introduced in 2013 to the South East GP practices and has resulted in many more patients being managed in their own home by the MDT. Admissions to care homes from Arbroath Infirmary are down by nearly 50% from the previous year. ECS continues to be successfully delivered within South localities and is very much embedded in practice and how services are delivered in these localities. Feedback and data regarding the impact continue to be positive.

Engagement has commenced across the Partnership to identify the resource required to implement this model.

A bid was submitted from Angus Health & Social Care Partnership to the Scottish Government, proposing the North East locality as a test site for the implementation of Buurtzorg principles. Buurtzorg is a model of delivering care which originated in The Netherlands and is based around self-managed teams (in the main nursing teams); however, within Angus we propose to take a broader partnership approach. This development is at a very early stage.

It is proposed over time that all Angus localities will implement the ECS method. ECS will be integrated and specialist care closer to the home for the population of Angus, and over time will reduce the reliance of assessment and treatment provided only through inpatient care. This will have a positive impact on our delayed discharge performance, prevent hospital admissions, offer solutions which are community-based, maintain people in their own homes or community of origin, and reduce the demand for in-patient facilities locally.

3.5 Hosted services

The arrangements by which hosted services will be organised, managed and delivered continue to be developed. The completion of the Tayside Memorandum of Understanding sets out the main framework and agreement in terms of risk sharing. Work is now underway to refine leadership arrangements, key redesign issues, service delivery and improvement, performance monitoring and management frameworks.

3.6 Localities development

Locality Improvement Groups

The four Locality Improvement Groups (LIG) were established as part of the process of developing the Angus Strategic Plan and continue to evolve. A terms of reference is being developed which will provide guidance regarding the membership, remit responsibilities and reporting arrangements for each of the LIGs and is based on the Scottish Government Locality Guidance. These groups provide the forum for the development of a strong, effective and integrated partnership between all those involved in the provision of health and social care at locality level, in order to improve provision, opportunity and outcomes for all adults living in that locality and to contribute to strategic commissioning. Each LIG is therefore an engine room of delivery and relationship management, recognising the importance of local knowledge, services and support which may be provided through the statutory, independent, or voluntary sectors, or from within or between local communities.

The LIGs will, over time, contribute to the prioritisation and planning of the resources which support the local delivery of adult health and social care, irrespective of their origin. This will include ensuring that resources deliver best value and that savings targets are achieved.

Each locality has nominated a representative to sit on the Strategic Planning Group who will ensure that the interests of their respective locality are represented.

Locality Plans

Each LIG is in the process of developing a locality plan. Whilst the approach in each locality will deliver benefits to the people within their locality, according to locally identified need and priorities, there are also requirements as to the ambition and approach that each locality must take. They must deliver the central priorities of the Angus Strategic Plan. The combined effect of the four plans will contribute to the Angus vision for health and social care by improving outcomes, by reducing variation in service provision, and by enabling people to live healthier lives with improved service user experiences. Each locality has been issued with a framework for their locality plan. Each locality plan will cover a three-year period and will be updated annually.

Locality Budget

As a first step in preparation for locality commissioning, each of the four localities in Angus will receive £50k to help address priorities identified within their respective areas. Such priorities must focus on the areas which are specific to the locality and be linked to one of the four priorities listed within the Angus Strategic Plan for 2016-2019 (see page 1). Guidance is currently being written to support localities with the application and governance of their funding allocation.

Next Steps

- Localities will continue to develop their locality plans, identify areas for improvement and initiate tests of change using their £50K allocation.
- Formal arrangements will be introduced to support the LIGs with their tasks and to ensure performance reporting to the Strategic Planning Group and the Senior Leadership Team.
- The LIGs will be required to deliver on central strategic planning imperatives in their respective areas as well as “devolved” autonomous matters.
- SPG will oversee and coordinate the delivery of Angus wide and locality based priorities in care development.

4. CONCLUSIONS

The IJB is asked to note the key implementation priorities from the Angus Strategic Plan and endorse the methods by which it is intended to progress these. Further reports will be provided quarterly.

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May 2016

Appendix 1 – Angus Council Report: Provision of Older People’s Housing Services

REPORT NO 186/16

ANGUS COUNCIL

12 MAY 2016

PROVISION OF OLDER PEOPLE'S HOUSING SERVICES

REPORT BY RICHARD STIFF, CHIEF EXECUTIVE

ABSTRACT

This Report sets out the proposed support provision for tenants in sheltered housing complexes in Angus.

1. RECOMMENDATIONS

It is recommended that the Council:

(i) Agree a service will be provided in each locality to support sheltered housing tenants. This will comprise council Housing staff and Community Alarm staff now under the management of the Integrated Joint Board (IJB).

(ii) Agree the IJB Chief Officer, or her representative, continues to work with partners, in particular Care About Angus, to further develop an enhanced model of provision during this transitional period.

(iii) Agree that sheltered housing tenants who currently pay a weekly Tenancy Support Officer (TSO) charge of up to £32.10 will cease paying that charge from 1 July 2016.

(iv) Agree any tenant assessed as requiring the Community Alarm service or currently in receipt of Community Alarm will be charged the standard charge of £4.75 per week.

(v) Note that any tenant requiring a care assessment, under Self Directed Support (SDS), will be given one and be enabled to use one of four options to meet their personal care needs. Charging for this will be in line with Angus Council's contributions policy.

(vi) Agree to enable tenants as individuals and as groups to select a bespoke and enhanced model of support to meet their wishes.

2. ALIGNMENT TO THE ANGUS COMMUNITY PLAN/SINGLE OUTCOME AGREEMENT/CORPORATE PLAN

This report contributes to the following local outcome(s) contained within the Angus Community Plan and Single Outcome Agreement 2013-2016:

i) We have improved the health and wellbeing of our people and inequalities are reduced.
ii) Individuals are supported in their own communities with good quality services

3. BACKGROUND

On February 11 2016, Angus Council agreed the recommendations (i) (ii) (iv) (v) (vi) of the report "Review of Housing for Older People". This was with reference to Article 5 of the minute of meeting of the Social Work and Health Committee of 12 January 2016, Joint Report No 13/16 by the Strategic Director- People and the Strategic Director – Communities.

Angus Council agreed the recommendations of Report No 13/16 with the exception of recommendation (iii) and that recommendation (iii) be amended to read:

"A service will be maintained, either through a Social Enterprise, a Sheltered Housing Resident fully funded Council scheme, or through an ALTO (Arms Length Trading Organisation).

Officers are instructed to bring forward a working plan whereby the existing tenancy support officers are given the best possible opportunity for continuity of employment, either with Angus Council, a social enterprise company or an ALTO.

Members are to be consulted on all of the details and further reports will be brought forward to a relevant committee after consideration by a Member Officer Group, consisting of 6 members, with the Chief Executive as Convener."

A range of activities have taken place to meet the above requirement:

- A Member Officer Group (MOG) was set up with the remit set out in Appendix 1.
- Meetings took place between officers and VAA representing the social enterprise Care About Angus (CAA)
- The MOG was provided with figures for a fully tenant funded option model
- A discussion took place with Tayside Contracts
- TSOs met with their line manager and HR to determine what their options for future employment were
- TSOs met with CAA to discuss its proposed offering
- Job outlines for a change to the Housing caretaker service (Community Housing Assistants) has been defined (Appendix 2)
- Tenants from a complex in each locality met with managers in Adult Services and CAA to discuss its proposed offering
- The MOG met on four occasions and this report outlines its proposals for the best possible opportunity for continuity of employment for staff.
- The social enterprise company, CAA outlined a future model of provision which can be accessed by tenants at their request. (Appendix 3). This does not exclude any other providers who may also wish to offer such provision

4. KEY ISSUES

4.1 On 12 February 2016 Angus Council agreed Report No. 61/16 Provisional Revenue Budget. *PAS – S – 25 (OP) Review of Tenancy Support – a review of the service is underway with a view to moving towards a more peripatetic service or indeed a transfer to a social enterprise model with effect from 1 July 2016. The exact future service model is still to be determined*. A saving of £500K and 28 FTE was approved.

4.2 Angus Council currently provides a tenancy support officer (TSO) service in sheltered housing complexes. There are currently 36 TSOs and three team leaders employed to provide this support with an overall cost of £780,600. The TSO service operates between the hours of 9am to 5pm from Monday to Friday. Outwith these times, support is transferred to Community Alarm.

4.3 Tenants in sheltered housing complexes currently make a maximum contribution £32.10 per week for the TSO service. The individual charge depends on means testing and on the charges for other services which the tenant is receiving. From 1 July 2016, they will no longer pay for the TSO service as it stands.

4.4 To offer a service compliant with SDS, and at reduced cost, requires a different service delivery model which decouples the tenancy part of the support from the care element, or the part subject to Self Directed Support. To do this we will meet the entitlements of tenants rather than expectations and meet the entitlements of specific service users (i.e. those with assessed care needs).

4.5 Presently, all tenants can access Community Alarm cover after 5pm and at weekends. In addition there are 9 tenants who live in sheltered accommodation who access community alarm 24/7. They currently do not pay the standard £4.75 per week for this service. From 1 July 2016 tenants assessed as in need of Community Alarm will be required to pay that charge. The income for Community Alarm will be used to support an increase in the number of staff in the Community Alarm response service and the control room.

4.6 Sheltered housing tenants wishing an enhanced model, that is support over and above the standard offering, will be able to purchase such a service themselves as an individual or as a group from other organisations, such as Care About Angus: the social enterprise arm of Voluntary Action Angus (VAA)

4.7 It should be noted that since 1 April 2016 the staff of the council's Adult Services teams are under the direction of the new Angus IJB (Angus Community Health and Care Services). After discussion and agreement with the IJB Chief Officer this council business, unresolved prior to the vesting date of the IJB, is being progressed as a "legacy issue". This enables the council to complete business initiated prior to 1 April 2016 which determines the shape of provision and then for the IJB to further develop services, as circumstances require.

4.8 Members are reminded that an Equality Impact Assessment was completed as part of the budget savings 2016/17.

5. PROPOSALS

5.1 In relation to Report No 13/16 amended recommendation (iii) there are a range of opportunities available to staff to support them with this change. All staff have been offered the opportunity to seek figures for voluntary redundancy and early retirement (where appropriate). At the same time, they have been placed on Angus Council's redeployment register. This means they are considered for any vacancies appropriate to their skills and competences. In addition, it is proposed that 6 posts are retained for work within Community Alarm under a proposed transitional model. A further 8 Community Housing Assistant posts have been established. One post has been utilised for redeployment, leaving 7 vacancies, which will be offered to the current TSO cohort in compliance with the Council's managing change policy.

In addition, a key partner, VAA under their social enterprise, Care About Angus, which currently offers a home help service in Angus, anticipate increasing their staff complement in the near future. As such, CAA proposes to offer enhanced support to tenants and complexes wishing to enlist their services. CAA will consider if and when they recruit new staff and how they will allocate the staff within their organisation to deliver their services. This will not be a TUPE situation. CAA are currently working on this model and anticipate having it in place by July 2016. An outline paper is provided in Appendix 3.

5.2 In relation to Report No 13/16 amended recommendation (iii) the proposals in this report mean that every complex will have named Housing staff who will carry out regular and routine inspection, maintenance and health and safety checks in communal lounges, guest rooms, kitchen areas, lifts, laundry facilities, toilets, open areas and gardens and communal corridors. These staff will consist of Housing Officers, Assistant Housing Officers, and the newly established Community Housing Assistants. In addition, the housing management service will continue to lead housing allocations, support for any tenancy issues.

It addition this report recommends the enhancement of the Community Alarm Teams in each locality. This will allow for any additional support required by our sheltered tenants during a transitional period whilst we work with a partner, such as Care about Angus.

Over and above services offered by the Council and Angus Community Health and Care Services, tenants will have the opportunity to engage with partners, e.g. CAA to agree a chargeable bespoke service for themselves as individuals or as groups of tenants.

Initial consultations with sheltered tenants has identified the importance of social activities in a community setting. It is therefore proposed that as part of the package of services available, a Service Level Agreement (SLA) is put in place with VAA to help older people in the community, including sheltered tenants. This will cover befriending, transport, facilitating social activities and events for residents. These will focus on sheltered communal lounges as potential central community hubs. It is proposed that a further report will be brought to committee with details of this proposed SLA.

6. FINANCIAL IMPLICATIONS

A proposal to undertake a "Review of Housing Support/Sheltered Housing" was first brought forward through the 2014/15 budget setting process. Report 84/14 identifies, savings of £120,000 in 2014/15 and £781,000 in 2015/16. In setting the 2015/16 budget, the saving of £781,000 originally planned to apply in that financial year was deferred to 2016/17 (Report 60/15 refers).

Since February 2015 it became apparent that the saving could not be achieved in the manner originally envisaged. In light of this, Adult Services identified the following alternative package of savings for approval through the 2016/17 budget setting process (Report 61/16 refers).

Table 1 Saving	2016/17 £000
Review of Tenancy Support service	500
Review of high cost care packages	134
Help To Live At Home	147
Total	781

Savings in respect of the review of the Tenancy Support service is the subject of this report, while the others listed above in Table 1 have now been implemented in the 2016/17 revenue budget.

The alternative revised model of service provision, to enhance Community Alarm is outlined in Section 4 of this report.. The full-year costs and income related to the model of provision is noted below in Table 2.

Table 2	Enhanced Community Alarm Full Year £ 000
Staff Costs	146**
Transport Costs ***	10
Income****	(52)
Net Cost	104

**6 FTE @ LG6/7

***provision made for additional staff travel costs

****provision for additional community alarm charge income at current charge of £4.75 week. There are 626 sheltered housing units. There is no data available to provide an informed estimate of take up on removal of the TSO service and thus a conservative estimate of one third has been made

The revised model compared with the current model of service delivery demonstrate potential savings as noted below.

Table 3	Enhanced Community Alarm Full Year £ 000
Current Model	327
Revised Model	104
Saving	223

In addition to the savings arising from the revised model of service provision noted above, changes have been applied to the Council's arrangements with registered social landlords which has provided a further £47k savings in 2016/17. This will deliver a full year savings package as noted below in Table 4.

Savings Delivery Package

The following savings package has been identified to deliver part of the overall £500k Tenancy Support Review saving for 2016/17.

Table 4	Enhanced Community Alarm Full Year £ 000
Revised Model	223
RSLs (Registered Social Landlords)	47
Total	270

The revised model of service provision, enhanced Community Alarm and transition to the partnership model will continue for one year. It can be seen in Table 4 above that this will deliver full year savings of £270k compared with the £500k approved through the 2016/17 budget setting process. It is estimated that the part year implementation from 1 July 2016 will provide savings of £203k.

In relation to the unmet element of the planned overall saving (£297k in 2016/17), although the IJB financial settlement does not accommodate this, the IJB financial management throughout the year will seek to address this legacy issue as far as is possible. In any event it should be noted that under the IJB Integration Scheme agreed by the council and NHS Tayside and approved by the Scottish Government, any Adult Services overspend in 2016/17 ultimately resides with Angus Council. This savings shortfall issue will be given specific attention during 2016/17 as part of the financial monitoring activity between the Council and IJB and if it looks likely that the shortfall cannot be covered through other means this will be reported to the Council's Policy & Resources Committee.

It is anticipated that there will be estimated one-off redundancy and early retirement costs of £361k arising from the proposed service changes in this report. This number is based on those staff who have indicated an interest in ER/VR at present but may change once staff vacancies are filled.

These costs will be funded from Angus Council balances as indicated in report 60/16 to the council meeting of 18 February 2016 recognising that the financial settlement with the Integrated Joint Board did not accommodate this requirement. Cash conservation will also apply to any TSO redeployed into a lower graded post, which may impact onto the savings deliverable in year 1.

7. CONCLUSION

The Member/Officer Group recognised that high quality care and support can be delivered in a number of ways and that a one size fits all model is not in keeping with flexible bespoke care and the legal requirements of Self Directed Support.

The group understood that there is not a universal model of support and care that meets the needs or wants of every tenant, present or future. Some tenants want the status quo, some want no TSO provision and some want choice of what they receive and when they receive it.

The Member/Officer Group considered a range of models of provision including the current system on a fully funded by tenants basis. This was deemed as costly and not compliant with SDS if all tenants were required to opt into it. As such, the MOG proposes a standard offering

to support every complex with a team of housing officers and locality support from the Community Alarm service. In addition, any tenant with an assessed care need will be entitled to choose how they wish to have their needs met under SDS by: a direct payment; directing the available support; services arranged or provided by the authority; or a mixture of the above. This continues the work already undertaken in Angus around personalisation and choice for citizens with enablement as the approach.

NOTE: No background papers, as detailed by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to a material extent in preparing the above report.

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Appendices

1 Remit of the Member/Officer Group
2 Job Outline – Community Housing Assistant
3 Outline of the CAA offering

APPENDIX 1
- terms of the MOG

MEMBER OFFICER WORKING GROUP

SHELTERED HOUSING REVIEW GROUP

23 FEBRUARY 2016 AT 11.30AM

FIRST FLOOR MEETING ROOM, THE CROSS, FORFAR

REPORT BY ALAN McKEOWN, STRATEGIC DIRECTOR – COMMUNITIES

MARGO WILLIAMSON, STRATEGIC DIRECTOR – PEOPLE
(paper revised 23 February)
Version 2

PURPOSE

At the meeting of Angus Council on 11 February 2016 members agreed the recommendations in report 13/16 with the following amendments:

(i) agrees the adoption of a sheltered and retirement model of housing for older people on the basis set out in section 5.1;
(ii) notes that the current model of support by Tenancy Support Officers (TSOs) was not suitable for the Self-Directed Support (SDS) environment;
(iii) a service will be maintained, either through a Social Enterprise, a Sheltered Housing Resident fully funded Council scheme, or through an ALTO (Arms Length Trading Organisation).

Officers are instructed to bring forward a working plan whereby the existing tenancy support officers are given the best possible opportunity for continuity of employment, either with Angus Council, a social enterprise company or an ALTO.

Members are to be consulted on all of the details and further reports will be brought forward to a relevant committee after consideration by a Member Officer Group, consisting of 6 members, with the Chief Executive as Convener.

(iv) agrees that a tailored investment in communal facilities was undertaken, based on discussions with tenants at individual schemes;

(v) agrees an expansion of housing management and maintenance services in order to increase the focus of housing management in sheltered and retirement housing across Angus; and

(vi) agrees that a further report be brought before members on the hardwiring of telecare in Sheltered and Retirement complexes augmenting the Council's successful programme of re-ablement and enablement.

This Member/Officer Group will now explore options for delivering the amended recommendations as set out in (iii) above.

PRINCIPLES

The group recognise that Sheltered Housing is important to the current and future tenants of Angus Council and to the Members of Angus Council;

The group believes that the provision of support should meet legislative requirements, individual needs and be chosen by tenants, and not imposed, in keeping with SDS options ;

The group acknowledge the budget pressures facing the Council and a requirement to meet 'needs' not 'wants' in the current economic climate;

The group are resolved to work quickly and ensure there is clarity for tenants, staff and possible providers of any service;

The Chair of the group will communicate the findings and the decision of the Council, to tenants, staff and the general public as soon as it is possible to do so

BACKGROUND

The group recognise that high quality care and support can be delivered in a number of ways and that a one size fits all model is not in keeping with flexible bespoke care and the legal requirements of self-directed support.

The group understands that there is not a universal model of support and care that meets the needs or wants of every tenant, present or future. Some tenants want the status quo, some want no TSO and some want choice of what they receive and when they receive it.

The group understand that self-directed support must be delivered by Angus Council on an assessed need basis and believe a fixed and deliverable timetable should be set for the assessment of all current tenants.

Sheltered Housing is not currently an SDS service. It possibly could be as it is a service that can be delivered under SDS but it was not designated as such because of the challenges in extracting it from the tenancy functions and community alarm (the legislation empowers us to implement SDS for all Section 12 SW (Scotland) Act 1968 services, in other words our duty to assess circumstances of individuals who may need community care services and to provide those services required; it is a power not a duty…so it doesn't say we must treat all services as SDS services.

As things stand you need to have 2 other presenting needs over and above a warden service to get an SDS assessment. It must be borne in mind, the low level care needs of this group: only about a third of them have an SDS package.

Basically at the moment there are 596 Sheltered Housing residents.

Social Work budget pays for all the TSOs. All residents get support from TSOs. 186 of the residents are entitled to SDS.

The 186 (number eligible for SDS) will now be able to choose their provider. One of the key reasons for decoupling the tenancy part from the care (SDS) part.

With regard to the tenancy entitlements, it is proposed to provide Community Housing Assistants whose primary focus is on the fabric of the building and its curtilage, but would also cover system checks, e.g. smoke detector checks, entry door checks, prevention of slips, trips and falls, home safety checks, as well as helping with minor repairs.

As a Council we are also proposing, drop in support from Care About Angus, the social calendar and chips tea stuff, and some active health improvement work with Angus Alive, keeping people mobile etc. The assistant role will work across all tenancies not just sheltered which is the key to the model.

We are currently in the process of carrying out a full assessment on the pattern of tenants who are self-funders and those who claim welfare support in full or part. This information will provide details of likely costs for those tenants who wish an enhanced service, over and above that which they are entitled too.

RECOMMENDATION ONE

We will continue to meet the entitlement of tenants in Sheltered Housing settings. We will do this by decoupling the tenancy part of the support from the care element, or the part subject to Self-Directed Support.

We will meet entitlements of tenants rather than expectations.

We will meet entitlements of specific service users (those with assessed care needs) rather than expectations.

RECOMMENDATION TWO

Sheltered Housing tenants wishing an enhanced model, that is, over and above the model in recommendation one, could purchase such a service from an alternative provider. E.g. CAA, Tayside Contracts.

RECOMMENDATION THREE

Negotiations will be entered into with CAA and TC regarding any potential model which allows tenants to block purchase a service, including likely costs per tenant.

RECOMMENDATION FOUR

An assessment is carried out of each sheltered housing unit in terms of its communal facilities, telecare and telehealth facilities, its gardens, paths and door entry systems to ensure these are modernised and tenants are involved in that decision making process and this is included in the housing capital plan and monitored by the communities committee in the normal manner.

RECOMMENDATION FIVE

It is recommended that the findings of the group is presented to Council at the earliest opportunity and that a clear strategy for communication with tenants and staff is developed and implemented.

ANGUS COUNCIL
JOB OUTLINE

Job Title: Community Housing Assistant

Department: Communities

Grade LG3

Responsible to: Senior Housing Officer

Outline of Duties

Provide a flexible and responsive service in designated areas and premises which may include communal lounges, guest rooms, kitchen areas, lifts, laundry facilities, toilets, open spaces, gardens and communal areas; the postholder will be responsible for

1. Carrying out all fire tests and drills and ensure through visual inspection that firefighting equipment is in working order and record and maintain the Fire Log
2. undertaking work to ensure communal areas and car parks are tidy, hazard free and clear of faeces, litter and graffiti
3. Undertake regular inspections including communal lighting, heating, cleaning and building services to ensure service standards are met and report any repairs outwith the scope of minor maintenance
4. Carry out minor maintenance, repairs and gardening work – for example tighten loose fittings, erect shelving, replace light bulbs, check and replace CO detectors, drain downs, alter time clocks at start and end of BST, cutback and tidy grass, shrubs and hedges
5. Answer customer enquiries and giving practical assistance when appropriate to do so – reporting back to the senior housing officer on enquiries that can't be dealt with at the point of the service request
6. Clear and clean properties – including lofts
7. Uplift rubbish and dumped items from the areas above and dispose of – including drugs paraphernalia
8. Carry out basic decoration
9. Monitor stock levels for supplies to common areas and facilities using simple stock control methods and liaise with the administrative assistant to reorder when necessary
10. Use IT systems and email in the course of the duties above
11. Drive allocated vehicles and vehicle checks, for example, oil and water checks, cleaning, garaging and transporting of goods and equipment
12. Undertake keyholder responsibilities including the opening and closing of communal areas

This list is not exhaustive and the jobholder will be required to undertake other duties as required.

Date 10 March 2016

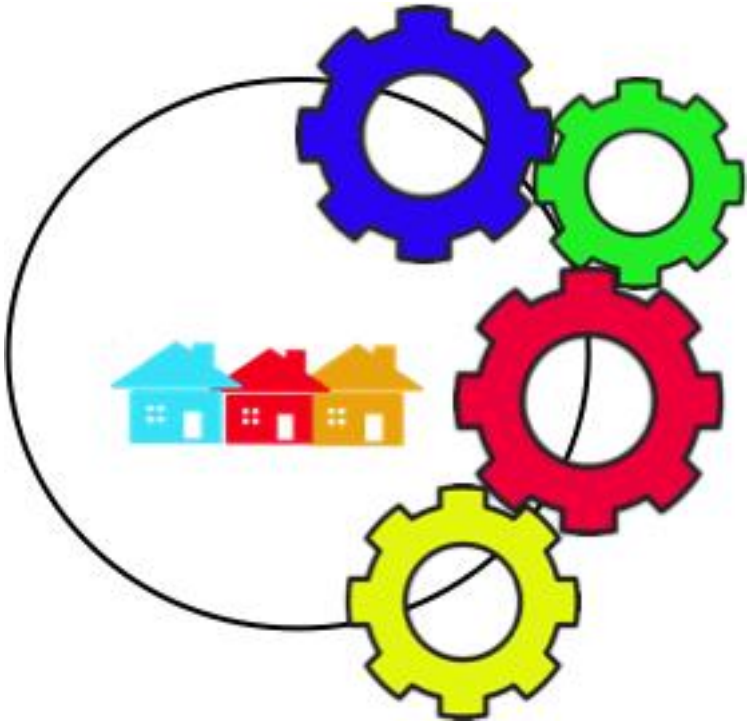
ANGUS COUNCIL
PERSON SPECIFICATION

JOB TITLE: Community Housing Assistant **DATE AGREED:** **10 March 2016**

CRITERIA	ESSENTIAL/ DESIRABLE	METHOD OF ASSESSMENT
Qualifications and Training		
3 National 4s or equivalent, including English, Maths and a Technical subject	E	Application/Interview
Trailer and towing training or a willingness to undertake the required training	E	Application/Interview
SVQ level 2 or above or City and Guilds qualification in a technical, construction, building or electrical discipline	D	Application/Interview
Completion of Manual handling training	D	Application/Interview
Knowledge, Skills and Experience		
▪ Experience in carrying out minor maintenance and repairs	E	Application, interview and references
▪ Experience of positive engagement with the public including taking a person centred approach.	E	Application, Interview and references
▪ Good customer care skills	E	Application, Interview and references
▪ Good oral communications skills	E	Application, Interview and references
▪ Good written communication skills	E	Application, Interview and references
▪ Knowledge of Health and Safety guidelines e.g. COSHH, Legionella guidelines, Fire Safety, Manual Handling	E	Application and interview
▪ Good numeracy skills	E	Application, Interview and references
▪ Basic IT skills	E	Application, Interview and references
▪ Basic understanding of Council housing including housing for older people	D	Application, Interview and references
▪ Experience of basic stock control	E	Application/Interview
▪ Experience of fire testing	D	Application/Interview
▪ Experience of keyholder responsibilities	D	Application/Interview
Personal Qualities		
▪ Ability to be work as part of a team	E	Interview and references
▪ Ability to work unsupervised	E	Interview and references
▪ Ability to use own initiative	E	Interview and references
▪ Ability to meet targets and deadlines	E	Interview and references
▪ Have a flexible approach to work	E	Interview and references
Special Conditions		
▪ A full current driving licence	E	Interview
▪ Experience of driving a transit van or similar vehicle	E	Interview and references
▪ Willingness to work at weekends or evenings – when required	E	Interview
▪ Willingness to undertake further training as required	E	Interview
▪ Willingness and ability to work with noxious materials	E	Interview

Appendix 3

Voluntary Action Angus
Dialogues on Sheltered Housing



Report by

Gary Malone
Chief Executive Officer
Voluntary Action Angus
April 2016

Introduction

In Angus, as partners, we are rightfully proud of delivering the best services to local people. Much of this is achieved through strong togetherness and partnership working, underpinned by a philosophical basis which seeks to create 'an Angus that actively cares'. This form of togetherness and partnership working potentially provides the basis on which we not only maintain sheltered housing provision but how we improve services now and for future years. We (VAA) suggest that whilst the decision on supporting residents in sheltered housing rests with Angus Council, care for residents is a partnership issue, and therefore, the decisions taken will have impact as to how partners deliver locally based care at home. There are perhaps 3 major elements relating to sheltered housing; 1 around tenancy and eligibility; 2 around care and varying care needs and perhaps; 3 the need for a wider community focus/augmented service.

Having facilitated dialogues with staff, residents and explored some of the emerging issues with health and social care colleagues along with Council and third sector colleagues, we conclude that a new future and more sustainable positive outcome can emerge through a partnership approach. To do so further deliberations across partners is required including further stakeholder dialogue whereby partnership working can support social enterprise development as part; but not all of the solution.

A social enterprise approach is however both empowering and locally democratic. Local people either through their volunteering or employment will deliver services to residents in sheltered housing complexes and local care in communities. The social enterprise model we propose is where; the workers, residents and communities have greater control of the company and services delivered; there are no shareholders benefiting from profits and the only beneficiaries are the community. Furthermore the continuity of staff is achieved by good wages and conditions of service, far removed from the zero hour's culture emerging in some private sector and other competitors. By being local there is no escape – the service is accountable to the local community and lives within a local ethos of needs and care.

This is relevant to emerging and successful social enterprise developments supported by all partners and also consistent with the empowerment agenda. Such a new focus may be considered by reshaping our strategic thinking on sheltered housing towards one where sheltered housing provision opens up to wider community need acting as a central focussed hub for localised care (please see models and description on Pages 5-7).

Care About Angus will deliver within the time-scales; our suggested approach is a move toward a more community centric model, one that requires further deliberation with stakeholders in Health and Social Care.

Report summary (for consideration)

Much of the challenge facing all sectors cannot be defined purely around managing resource decline but also in the context of managing additional demand. This is partially due to demographic changes which forecast aging population and significant increased local demands on public and care services. In essence the challenges facing sheltered housing complexes are beyond cuts but perhaps consistent with the challenges facing all partners working on locality based approaches. This requires

new ways of working across partnership boundaries where services are recalibrated significantly using all human and physical resources differently. ACPP and HSCI both commit to such approaches to partnership and locality working. Current policy, legislation and guidance allow for such a new way of working to flourish.

The following describes a range of suggestions and positions, which derive from dialogues regarding, sheltered housing, analysis of local and national policy development and through the strategic involvement of VAA being a Partner in both Angus Community Planning Partnership and Health and Social Care Integration.

1 Care About Angus has experience of delivering within timelines new models of social enterprise, which became operational when a previous local authority service ended. In the context of sheltered housing, Care About Angus would be able to commence such a service should Angus Council decide to choose the social enterprise route and subsequently required to become operational when and if the existing service comes to an end.

2 A separate financial report will provide detail within an extended version of the CAA Business plan. This work is on-going and is dependent on supply and demand balances which express levels of service need and staffing levels to deliver a new service. We can confirm that we would not anticipate an increase to the existing service charge. The exact service cost would however depend on volume and service needs.

3 We are confident from our dialogues with existing staff, residents and family members; a new augmented social enterprise service working in partnership with other key stakeholders would provide an improved and wider more person centred service. This would include - on site provisions, extended home help and local community led volunteering; increased social and recreational activities at weekends; greater access to volunteering transport and befriending.

4 The relationship between existing staff, residents and their families is based on trust, care and consistency of service. Family members report that without ‘on site’ service such as those provided by current TSO’s, then they would not be confident of their loved ones benefitting from sheltered housing. Furthermore residents consistently stated the need for daily onsite provision and highlighted the importance of trust and relationships, which exist between residents and TSO’s. The three main needs expressed by residents are suggested as: feeling safe and secure; feeling cared for and feeling involved.

5 The dialogues assert that staff have many years of service, are immersed in their dedication and care for the residents and play a key role in relationships and communications with families, residents and other services. Staff also suggest they would be keen, if the opportunity arose to take up employment with CAA. They acknowledge their roles would be different and take confidence from hearing positive things about working for Care About Angus.

6 The current service as it stands could be improved. By augmenting service delivery, sheltered housing complexes may operate as ‘local care hubs’ addressing wider challenges and pressures around delivering respite and palliative care also in the context of prevention of admission and enhanced community support. This provides opportunities to scope out further local based service provision, which may include locally based community alarm

response. This form of localism and cohesion is consistent with successful models used in other countries' including the Burrtzorg model in the Netherlands.

7 Potential Staff roles within CAA would then include an extension to on site provision to include 'pop in' visiting services, community organising, developing and extending weekend activities, supporting and promoting volunteering and other care work such as shopping etc. Many of the staff suggested they would be keen on qualifications leading to personal care work. (The CAA board is currently exploring options in regards to registration for personal care provision).

8 Whilst recognising the importance of timelines, we suggest that an interim very short life working group comprising key stakeholders is set up to oversee such change should Angus Council seek to pursue the Social Enterprise route. We believe that this should include HSCI as a stakeholder given the importance of care in relation to a new service.

9 For a new social enterprise to work there would need to be consideration of investment. The focus on investment is important to cover infrastructure costs and working capital relating to cash flow.

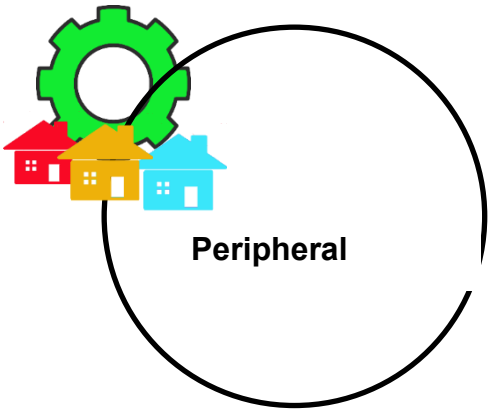
10 If chosen as an option employees and residents would have a greater say in the design, delivery of services and the running of CAA. CAA is an employee-controlled organisation. Through partnership working with Angus Council, CAA would seek to enhance the role of residents committees to the extent that residents would have greater say on issues affecting them and their complex. This is consistent with Scottish Government legislation and guidance on empowerment and equalities.

Option Models
The diagrams below refer to existing and potential models of using sheltered housing complexes.

Model 1 – refers to a more perhaps peripheral view of sheltered housing operating more at the margins of community i.e. in the public view, 'where elderly people stay'.

Model 2 – Represents a more partnership community centric view of sheltered housing catering for the needs of a wider elderly / supported community where partners and the local community can work together to provide a wider range of services.

Model 1



Model 2


Care About Angus


Angus Council


HSCI


Third and voluntary Sector

Option 1 – Peripatetic / Home Help Model		
Context	Impact on residents	Impact on Stakeholder
This is an option which would require increased activity by home helps building on initial options suggested by Angus Council	Whilst this would provide some form of warden service, residents clearly ask for on-site provision which builds on existing relationships. Home helps are already active in some sheltered housing complexes however home helps would not be able to provide a warden type service.	Services may become fragmented as there may be more different support services and workers active within sheltered housing complexes leading to a potential lack of continuity between service providers, residents and wider community

Option 2 – Partnership / Community Centric		
Context	Impact on residents	Impact on Stakeholder
This model has potential to broaden the involvement of social enterprise and community and could help look at a wider use of the complexes and communal areas including ways to deal with decreasing demand. This would require a wider strategic focus where perhaps sheltered housing units could be used in the wider care at home agenda. By using local social enterprises, employees and volunteers, the focus of sheltered housing becomes more central to community consciousness and complexes could have charging points for electric vehicles whilst also acting as community hubs for care at home agenda.	This would be beneficial and allow for sustaining some level of on-site provision building on the trust and relationships required by residents. Whilst there may be an opportunity for elderly people and people with support needs to use the complexes, a residents committee would be integral to discussions about change of use.	This would help elevate pressures on partner agencies dealing with increased demands on care, units may be considered for short-term purposes including, respite and palliative care, hospital discharge or prevention etc. The units could also be resourced to address the needs of a wider care group in the context of physical and learning disability.

Staffing (in a social enterprise context)

What has been proposed here (under option 2) is that new posts of local care organisers will fulfil on-site staff service. These post holders would provide a range of person centred services based on the needs of individuals within sheltered housing units but also in a wider community context.
A brief outline of their main areas of work would be as follows:

- To co-ordinate person centred activities involving volunteers, workers from other local care agencies, GP practices, hospitals and family members
- To act as a conduit between family members, residents and other services ensuring the needs of residents are catered for, essentially linking with housing staff, social enterprise, NHS and community / voluntary sector
- To work with local volunteers to organise out of hours and weekend activities, trips and outings, celebration events and other activities
- To ensure residents safety and security by acting as a single point of contact for sheltered housing complexes
- To support social enterprise and other local care activities to access sheltered housing complexes, broadening the range of offer and developing a local hub approach
- To record, act on and report concerns and anxieties residents may have to appropriate agencies
- Support residents committees and local volunteering groups
- To report any maintenance, faults etc.
- Provide personal care (when CAA becomes registered with care inspectorate)
- Provide overnight and out of hours care
- Manage respite care and coordinate palliative care if required with other agencies.

Other roles

- Prompt / Administer blister pack medication
- Communal area to be used for G.P. clinics (jabs etc…)
- Morning call- for those who want it
- Risk Assessments and Fire drills in the communal areas
- Completing planning and reviewing of needs
- Stronger pathways working together on Early supported discharge (ESD) and prevention of admission (POA)
- Contribute to protection of financial harm
- Make strong links with trading standards, fire, police etc..
- Stronger and more innovative pathways for palliative care
- Maintain and book guest room including laundry
- Maintaining records personal plans stronger conversations with care manager
- Emotional support for residents and their families.

The above is an early draft of a view of some of the emerging tasks that may be required and doesn't constitute a job description. The above role requires the workers to play a central role in organising care and residents issues and potentially look at new ways whereby people in the local community with care or support needs can access sheltered housing resources i.e. laundry, communal activities, exercise classes etc.

Financial

To move toward a more community centric basis of service there would need to be further discussion on investment and growth. The information provided to VAA suggests that the service charge is only applicable to about 50% of the residents. Given the emergence of SDS confident, continuous service sustainable delivery on social enterprise models requires service delivery to provide excellent value and high standards of delivery.

Our experience of delivering the Care About Angus Home Help service asserts that Care About Angus can adapt to service change and deliver excellent services. Without investment to cover cash flow and infrastructure cost however this may make CAA vulnerable. Moving towards community centric approaches will yield significant savings for Angus council and NHS Tayside and furthermore create a new local economy, which employs local people contributing accordingly.

Furthermore, given the pressures of workforce planning and new partnership moves towards modern apprenticeships and Shared SQA accreditation; local social enterprise growth provides a significant opportunity for growing the care workers of the future and employability.

Background

In 2015 Voluntary Action Angus developed, in partnership with Angus Council a subsidiary social enterprise, called Care About Angus. On becoming a registered Community Interest Company (CIC) its underpinning philosophy was built on a value base reflecting new cultures of care in pursuit of 'an angus that actively cares'. Much of this is described later in this report detailing organisational and local context of our work. Since becoming operational in November 2015 demand for the service has increased by more than 30%; workers are better paid than before and thoroughly committed to their new roles and most of all people receiving our services not only report that the service is much improved, but crucially that they get a wider range of important person centred services augmented through wider local voluntarism and community giving.

Many years of strong commitment towards partnership working, buoyant levels of volunteering, a strong third sector and very active communities are the fabric of a more socially caring culture, which we have in Angus. This belongs to no sector or political philosophy. but is one which is born out of local peoples' propensity to care, actively and passionately.

Dialogues and learning

Our dialogues, over the past few weeks were aimed at scoping out the possible extension for Care About Angus to help provide aspects of sheltered housing support, augmented with other volunteering services. During this learning process we have:

- Met with approximately 150 residents families and carers in dialogues across angus
- Had 4 meeting with existing TSO's
- Worked closely with Angus Council staff in deliberating the dialogues

Note our approach toward facilitating dialogue should not be confused with consultation or discussion; dialogues are a learning process which is never confrontational but seek to learn from consumers and staff on real issues of concern and how to construct new learning in defining a way forward.

Key learning Points

What we found through our dialogues is briefly highlighted below, we suggest however that it may be important that the opportunity to explore the dialogue findings in greater detail with the Member Officer Group are afforded to VAA so that a confident recommendation could be made to the full council meeting In May based on a possible reconfigured service. These dialogues continue.

1 Both Staff and residents are consistent in supporting of the social enterprise concepts which VAA is putting forward as an alternative approach to on site provision.
2 Central to this is trust, relationships and local confidence

3 Family members were also supportive of the approach promoted by CAA and impressed by the outcomes of delivering social enterprise in the wake of Home help service end.

4 TSO staff felt confident that a move toward CAA could deliver better services.

5 The relationship between TSO's and residents and their families is critical therefor potential moves to extent CAA services could be reconfigured by developing new remits within VAA successfully building on local augmented and community voluntarism.

6 Residents and staff recognise that the service could be better with more social and recreational activities especially at the weekends, where residents described "we don't want our weekdays to be like the weekends"

7 The staff delivering TSO services are very well respected by residents and their families.

8 In facilitating the dialogues we wish it to be noted that the staff are clearly immersed in service, dedicated, very caring people who give more than what's required within their remit. This is expressed in the dialogue consistently from residents and their families.

9 Building on such high levels and propensity to care provides CAA (if required to provide a service) a critical valuable asset not just to continue excellent services but integral to the training of future workers.

10 It was consistently suggested that Concepts of 'sheltered' the confidence of families and feeling cared for and safe from a residents perspective require on site regular support and contact, we believe this could be delivered through a social enterprise approach building on the trust and relationship of existing staff and residents

Diagrams capturing the aspiration of staff and residents are highlighted at the end of this report.

Policy context

The principal policy and legislative shift is described in the Health and Social Care Integration (HSCI) and the Angus Integrated Joint Board (IJB) Strategic plan. This primarily commits NHS Tayside and Angus Council to new ways of working in delivering local care. Whilst statutory and legislative bodies have no legal governance over the voluntary sector it is recognised, through guidance, that there is an important role of the Third Sector, including emerging social enterprises, in delivering on IJB and HSCI outcomes. These outcomes include:

- A move towards localism and locality working
- Coproduction
- Hospital discharge
- Prevention
- Better Care at home

Over the last two years the third sector has risen to the challenge of reshaping care creating an Angus-wide volunteer driving service, extended befriending services, increasing the number of volunteers, new social enterprise and a new third sector collaborative much more involved at the top table of decision making in Angus. Furthermore the 50 largest Third Sector organisations bring in over £25 million to the Angus economy, as part of 902 voluntary and community organisations engaging more than 28,500 adult volunteers. The third sector is therefore well placed, through partnership working, to deliver on new cultures of care.

Organisational and local operational context

Care About Angus

The potential for social enterprise growth should not be understated. Locally based organisations augmented with voluntary effort are accountable to local people and the communities they serve. There is no place to escape to unlike the national private sector or national charities that take centralised decisions on whether services remain or not. Local accountability, the creation of local jobs and local care are defined on local confidence where people decide to volunteer or work in local social enterprises.

'Care About Angus' (CAA) offers a unique combination of home support and community based services to individuals in Angus. Market research asserts there is significant need for a service that delivers high quality care that reflects the needs of service users, and is built through dialogue and engagement with key stakeholder groups. We believe further, that by augmenting models and approaches of local care provision with wider/local community/volunteering a more community orientated, person centred service can be delivered. This is consistent with the strategic ambitions supported by stakeholder groups and Scottish Government around transformational and cultural change (Christie). Care About Angus value base is rooted in shifting the balance of care, aligned with pursuits of localism and prevention; ultimately to preserve people's choice and their dignity to stay at home, with better opportunities to engage in the local community neighbourhood and associational life. We believe this is best delivered in partnership and through augmented approaches to care far removed from the "silos" and "doing to people" cultures and practices of the past.

Voluntary Action Angus

Voluntary Action Angus (VAA) has many years' experience in supporting community/voluntary based organisations and as a Third Sector Interface for Angus has a key grasp of strategic developments in the Community Planning and Health & Social Care agendas. For many years, VAA has led on key cultural changes in, transforming befriending, volunteer groups and community based home support in Angus.

Building on the aforementioned cultural change, opportunities presented themselves for 'Care About Angus' to align with volunteering and other local service provision. This has been very successful and has helped people who were 'housebound' engage in their community visit friends and acquaintances and become volunteers teaching young parents traditional skills such as knitting etc. – a community that views itself no longer as the service user but the service provider in an 'Angus that actively cares'

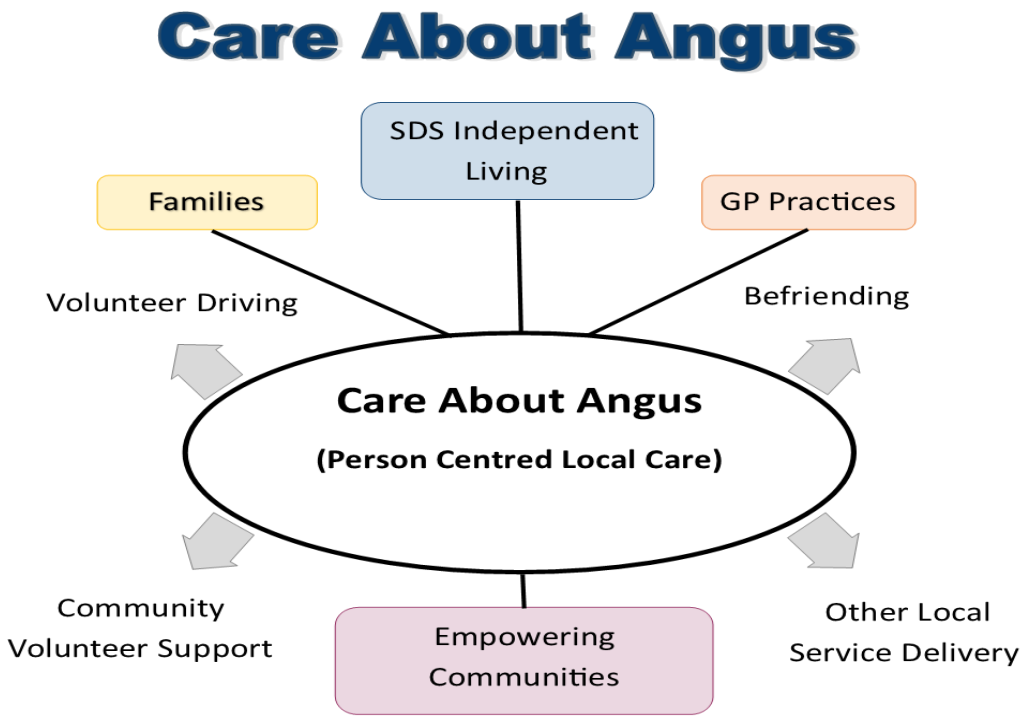
Employee controlled

Care About Angus is a social enterprise (CIC) where employees control the strategic decision making by; electing directors; having their say on policy and strategy and ensuring that the voice of customers who they serve is articulated in both the delivery of services and the philosophical basis of the organisations values and work. This means Employees are encouraged to:

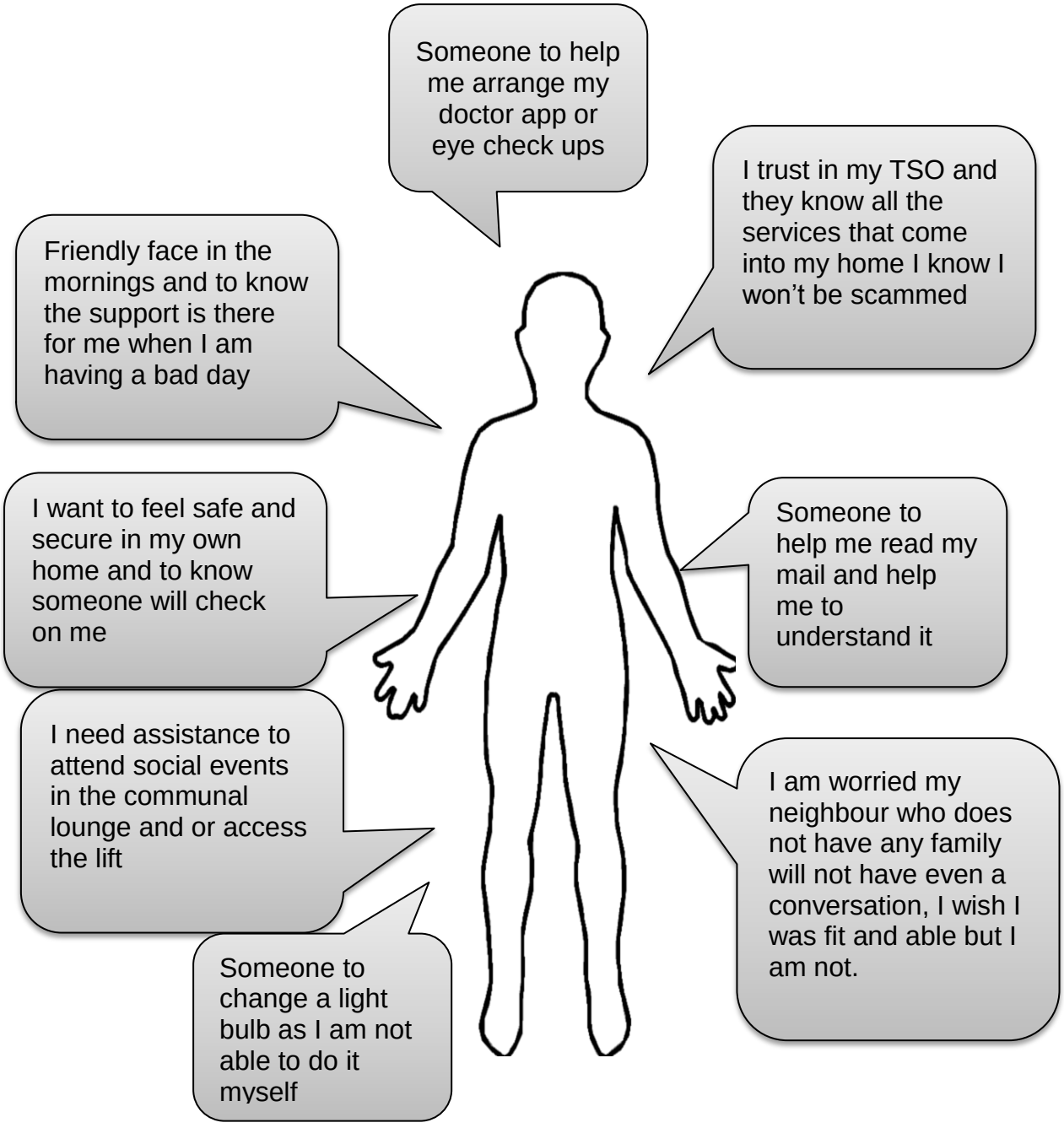
- Engage in regular dialogues with customers either individually or through organised group work discussions, ensuring the values of Care About Angus are consistent with the needs of customers. This is essential to person centred approaches and building the organisation on lived experiences of both customers and staff
- Vote on membership and elections of Directors
- Form a workers advisory group which influences decision making
- Help construct training based on needs
- Act as an influential voice on local matters and augmentation between core services and local volunteering initiatives
- Provide leadership on celebrating the impact of their work

Additional notes
(1) Employees can't however become Directors as in the governing documents.
(2) Any profits made are reinvested into the purpose of the community the social enterprise serves, in this care for elderly and vulnerable people.

Augmented approach of delivering local care



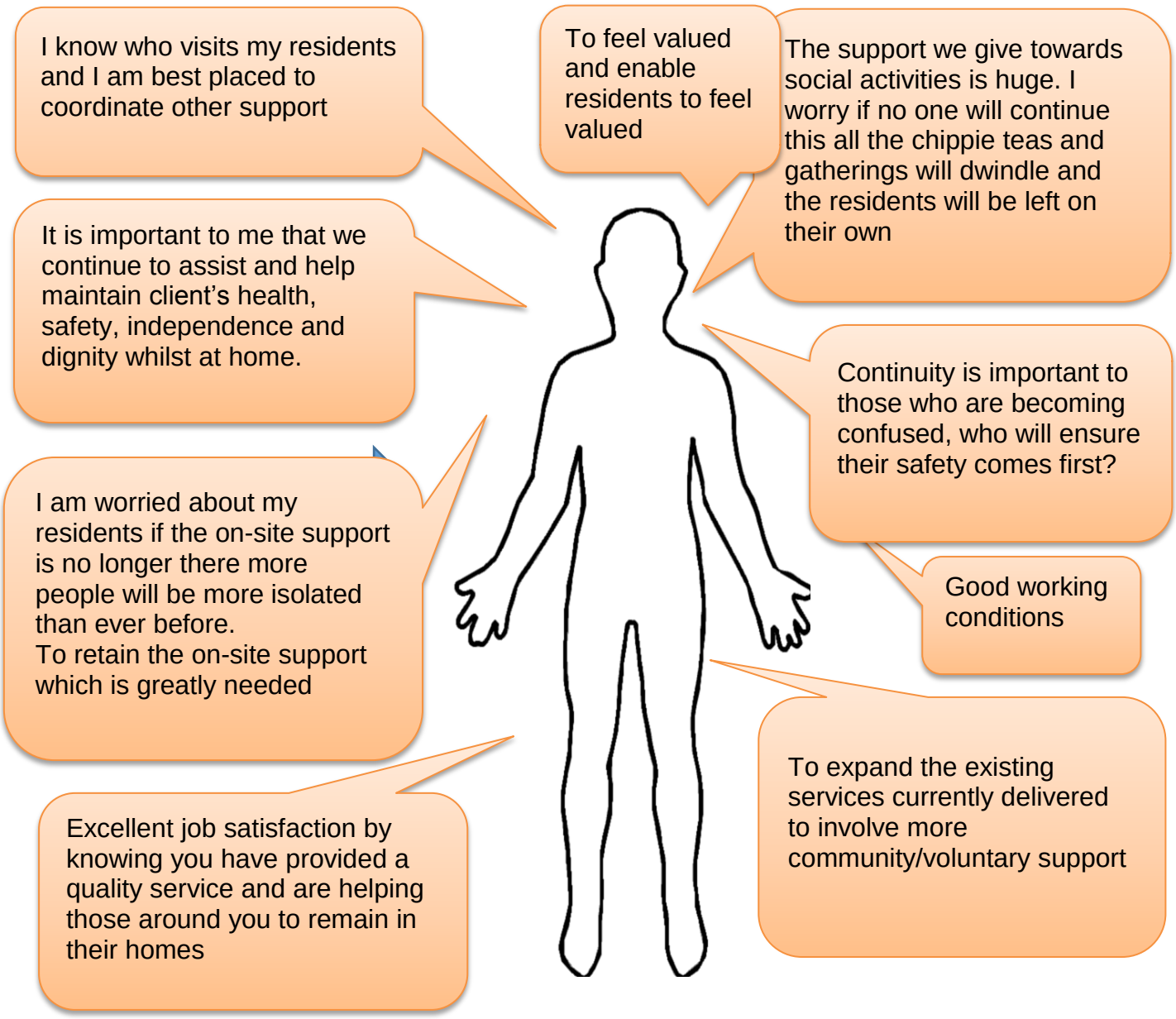
Residents View: What's Important to me?



More Importantly....

"I don't want every day to feel like a Saturday and Sunday"

Staff : What's Important to me?



More Importantly....

"What will happen to those who have no families? for those who want to help more but are unable due to ill health? Who will get to know them and treat them with love and respect giving them the support that they so rightly deserve?"

ANGUS
Health & Social Care
Partnership

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 18 MAY 2016

IMPLEMENTATION PLAN FINAL REPORT

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

To update Integration Joint Board members on the final Integration Implementation Plan.

1. RECOMMENDATIONS

To recommend that the Integration Joint Board (IJB):

(i) notes progress and completion of the objectives set out in the Implementation Plan prior to formal delegation of powers;

(ii) notes any ongoing issues will be carried forward into IJB management arrangements.

2. BACKGROUND

The project plan for the Shadow Integration Joint Board has been fully reviewed in light of the emerging national guidance, and also specific requirements outlined in the Integration Scheme, to formulate the attached Implementation Plan for the IJB (Appendix 1). Many of the issues were co-ordinated through a Tayside Collaborative of the Integration Joint Boards and Council and NHS leads to avoid any duplication and share expertise when compiling the establishment arrangements required.

3. AMENDMENTS TO PREVIOUS PLAN

The following amendments have been made since the last update:

- 1g – Completed March 2016.
- 1h – Completed February 2016.
- 1j – Completed March 2016.
- 2b – Completed March 2016.
- 2c – Completed March 2016.
- 3e – Completed March 2016.
- 3g – Completed February 2016.
- 3h – Completed March 2016.
- 4a – Completed March 2016.
- 4d – Completed March 2016.
- 5e – Completed March 2016.
- 5g – Completed March 2016.

- 6a – Deadline for completion moved to May 2016.
- 7a – Renumber to 7a(i) – title amended to read 'Establish **first phase** organisational arrangements and managerial structures …' – Completed March 2016.

  Add 7a(ii) – Establish second phase organisational arrangements and managerial structures …'
- 7g – Completed March 2016.
- 7h – Completed March 2016.
- 8a – Deadline revised to June 2016.
- 9a1 - Completed March 2016.
- 9a3 – Completed March 2016.
- 9a4 – Completed February 2016.
- 9a5 – Completed March 2016.
- 9a6 – Completed March 2016.
- 9b1 – Largely completed March 2016 (Final clarifications due May 2016.)
- 9b3 – Completed March 2016.
- 9c1 – Completed March 2016.
- 9c2 – To be carried forward to 2017/18.
- 9d1 – Completed March 2016.
- 10d – Completed March 2016.

4. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report.

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27 April 2016

Appendix 1 – Angus Health and Social Care Draft Integration Implementation Milestones Version 7 – May 2016

Angus Health and Social Care Draft Integration Implementation Milestones Version 7 - May 2016

	Timescale for completion/completed actions
	Complete
	Overdue
	Event
	Due
	Activity / In progress

Milestone No.		Dependent on	Responsible Officer	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Mar-17
1	**Governance and Corporate Support**		**M. Armstrong**													
1a	Appoint Chief Finance Officer															
1b	Dissolution of Angus CHP	1c,3d														
1c	Establish Integration Joint Board	2a														
1d	Define terms and arrangements for provision of corporate support to support the IJB															
1e	Homologation of appointment of Chief Officer	1c														
1f	Homologation of appointment of Chief Finance Officer	1c														
1g	Agree Deputy Chief Officer arrangements															
1h	Development of a shared risk strategy										Final version					
1i	Development of a joint risk register and issues log								Pre-Imp							
1j	Amendments to Standard Operating Procedures and Scheme of Delegation	1c														
1k	Review Standing Orders and Operating Procedures for the IJB in line with the national guidance															
2	**Integration Scheme**															
2a	Order granted for Establishment of Integration Authority															
2b	Formal delegation by Angus Council	3d, 1c														
2c	Formal delegation by NHS Tayside	3d, 1c														
3	**Strategic Plan**		**G. Bowie/ V. Davidson**													
3a	Draft Executive Summary Strategic Plan approved by the IJB prior to wider consultation	3d														
3b	Formal consultation on the Executive Summary Strategic Plan	3a														
3c	Analysis of Population Needs Assessment Requirements, Resource Requirements, Legislative Requirements, Strategic Outcomes	10b														
3d	Agree scope including hosting arrangements															
3e	Agree Strategic Financial Plan	3d														
3f	Development of Strategic Commissioning Plan for 'in scope' services	3a,3c,3d,4a, 4b,5e														
3g	Formal consultation on Strategic Commissioning Plan	3f														
3h	Final Strategic Commissioning Plan agreed															

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
11	**Milestone No.**		**Dependent on**	**Responsible Officer**	**Jul-15**	**Aug-15**	**Sep-15**	**Oct-15**	**Nov-15**	**Dec-15**	**Jan-16**	**Feb-16**	**Mar-16**	**Apr-16**	**May-16**	**Jun-16**	**Mar-17**
37	3i	Publish a market facilitation statement which includes an analysis of supply and demand information, and a review of market performance	3d,3e,3h														
38	3j	Develop hosting agreements	3d														
39	3k	Publish set of equality outcomes															
40	**4**	**Performance Management**		**G. Smith**													
41	4a	Develop Performance Management Framework	3d, 8b							Framework		Measures Appendix					
42	4b	Establish performance baseline	4a														
43	4c	Submit formal performance report to Scottish Government	4a,4b														
44	4d	Establish Audit and Performance Committee															
45	**5**	**Developing Localities**		**S. Wilson**													
46	5a	Develop locality population health and care baseline profile x 4	3c														
47	5b	Build community asset capacity x 4															
48	5c	Establish Locality Improvement Teams x 4															
49	5d	Establish locality strategic planning leads	7 a-e														
50	5e	Development of Locality Improvement plans x 4	3d, 5b														
51	5f	Locality involvement and engagement															
52	5g	Organise Locality Consultation Events x 4															
53	**6**	**Communication and Engagement**		**S. McDonald**													
54	6a	Report on involvement and engagement activity in line with the Involvement & Engagement Plan (July 2013)	3b, 3g, 5f, 5g														
55	**7**	**Workforce and Organisational Development & Change**		**J. Bayne/ S. Faulkner/ C. Ness**													
56	7a(i)	Establish first phase organisational arrangements and managerial structures (to include hosted arrangements)	1e, 1f														
57	7a(ii)	Establish second phase organisational arrangements and managerial structures (to include hosted arrangements)	1e, 1f														
58	7b	Develop processes for the management of change and redeployment of staff															
59	7c	IJB organisational arrangements in place	7a, 7b														
60	7d	Develop joint Workforce and OD Strategy	3a							Draft Strategy							
61	7e	Establish training and development sessions for Integration Joint Board aligned to calendar of meetings															
62	7f	Continue the development of the Integration Skills Programme and Leadership Framework	7a														
63	7g	Revise HR and workforce policies, protocols and procedures	3d, 7a, 7b														
64	7h	Develop a framework which promotes joint Trade Union/professional organisation engagement															
65	**8**	**Clinical and Care Governance**		**T. Armstrong**													
66	8a	Develop robust reporting systems to support operational, improvement planning and performance management															
67	8b	In line with Clinical & Care Governance Strategy, develop local R2 Group in Angus															

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
11	**Milestone No.**		**Dependent on**	**Responsible Officer**	**Jul-15**	**Aug-15**	**Sep-15**	**Oct-15**	**Nov-15**	**Dec-15**	**Jan-16**	**Feb-16**	**Mar-16**	**Apr-16**	**May-16**	**Jun-16**	**Mar-17**
68	**9**	**Integrated Finance arrangements**		**S. Berry**													
69	9a1	Governance - Complete Due Diligence across Tayside.															
70	9a2	Governance - Confirm Internal Audit Arrangements (2015/16)															
71	9a3	Governance - Confirm Internal Audit Arrangements (2016/17)															
72	9a4	Governance - Confirm Internal Audit Plan (2015/16)															
73	9a5	Governance - Confirm Financial Accounts Plans 2015/16															
74	9a6	Governance - Confirm Financial Regulations															
75	9b1	Scope of Resource - Confirm detailed hosting arrangements		With C.O.s													
76	9b2	Scope of Resource - Confirm financial risk sharing arrangements															
77	9b3	Scope of Resource - Develop Large Hospital Resources understanding, confirm scope and planning methodologies		C.O.s/Directors of Acute Services													
78	9c1	Budget Development - Budget Requisition Process (Revenue)															
79	9c2	Budget Development - Budget Requisition Process (Capital)													To be carried forward to 2017/18		
80	9c3	Budget Development - Develop Costed Management Structures															
81	9d1	Strategic Financial Planning- Complete Strategic Financial Plan															
82	9e1	Reporting - Joint Financial Reporting															
83	**10**	**IT and data sharing**		**M. Cairns**													
84	10a	Map and identify capacity/skills															
85	10b	Agree SASPI - partners and ISD (information sharing agreement)	1c														
86	10c	Develop specification for performance planning, improvement and operational management, and practical arrangements for information sharing	4a														
87	10d	Develop Integration Authority Information Sharing and IT Strategies to articulate with Tayside plan	10b														
88																	
89	**Angus Health and Social Care Integration Implementation Plan: Placing individuals and communities at the heart of our service planning and delivery to ensure we can deliver person centred outcomes**																
90																	

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 18 MAY 2016

PERFORMANCE MANAGEMENT FRAMEWORK

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The purpose of this report is to update the Integration Joint Board (IJB) on the proposals being developed to establish an Outcomes and Performance Framework (the Framework) for the Angus Health and Social Care Partnership. This Framework will provide assurance to the Board that appropriate outcomes and performance reporting arrangements are in place within the Partnership and will allow the Board to drive and track progress towards the delivery of the Partnership's vision, strategic shifts and planned outcomes for the people of Angus.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

(i) approve the draft Performance Management Framework for Angus

(ii) approve the collaboration with Dundee and Perth & Kinross partnerships in developing a common reporting platform with an agreed suite of indicators for adoption at a Tayside-wide and local level.

2. BACKGROUND

REQUIREMENT TO DEVELOP PERFORMANCE FRAMEWORK

2.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that Integration Authorities must prepare an annual performance report for each reporting year. A performance report is described as a report which sets out an assessment of performance by each Integration Authority in planning and carrying out its integration functions. Each Authority is required to report on its performance against a set of prescribed national outcomes and indicators.

2.2 The purpose of a performance framework is to demonstrate how performance measures relate to the priorities set out in the Angus Health & Social Care Partnership's Strategic Plan. In the development of performance measures and the associated data it is important to measure the performance of services over which we have influence. This allows the focus on improvement within our own services.

2.3 A robust performance framework must be put in place to allow the IJB, the Chief Officer and operational managers to track progress against strategic shifts, priorities and planned outcomes, to drive performance improvement, and to meet these statutory reporting requirements. The strategic level performance reporting is detailed in Table 1.

2.4 The Framework currently in development for the Partnership will contain the lists of targets and measures that relate to the integration functions for which have transferred in full or part to the Partnership, including hosted services. Also included are a list of targets and measures, which relate to the non-integrated functions that have to be taken into account by the IJB.

2.5 Locality data will be based on a mix of postcode and GP practice cluster as described within the report. Strategic level performance measures will be provided as rates or percentages to allow comparison at a national and locality level. Each performance measure will have an agreed definition in order that analysis is repeatable.

2.6 Work is progressing to differentiate between operational measures, measures for improvement and measures required for corporate and financial governance. Work undertaken to date has established an immense range of indicators already collected across the partnership and these are being assessed as part of gaining an understanding of the performance landscape. Work has yet to be taken forward on potential indicators for hosted services, however, it was hoped that there would be some overlap between those established for Angus services.

2.7 Table 2 sets out how the Angus strategic priorities will address the national outcomes and how national core indicators will be used to show progress against each priority. In addition some performance measures relate to responsibilities for staff, clinical and care governance and for resources.

2.8 The Framework and the reporting cycle must be approved within three months of the establishment of the IJB to ensure performance is maintained and improved in line with the Strategic Plan.

2.9 The Framework must comply with national reporting requirements and link directly to the National Performance Framework.

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28 April 2016

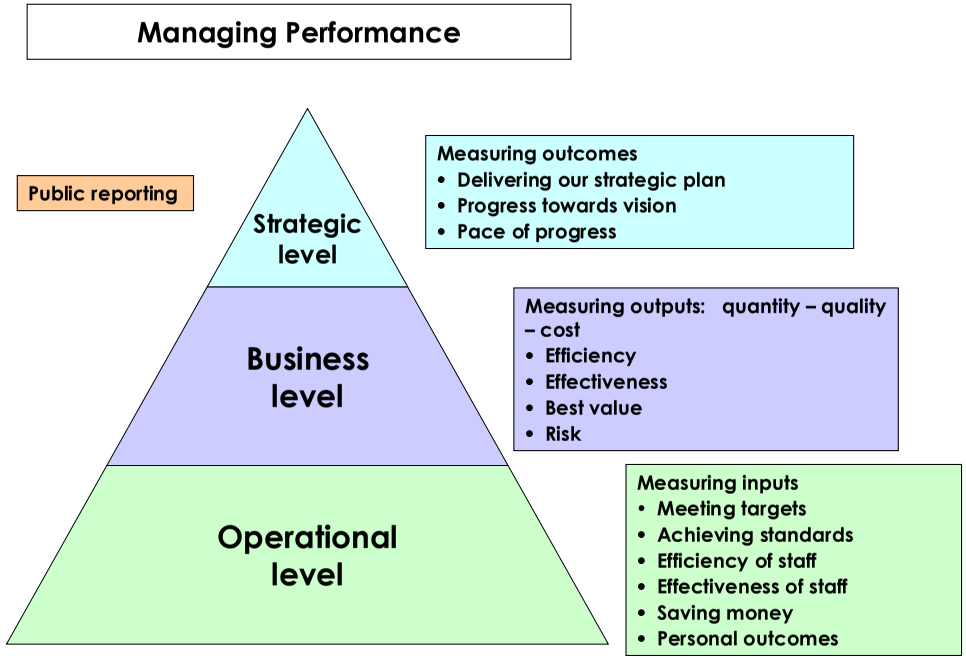
Appendix 1 – Performance Management Framework

ANGUS
Health & Social Care
Partnership

PERFORMANCE MANAGEMENT FRAMEWORK

Introduction

Angus Health and Social Care Partnership will be responsible for reporting to the public, the Scottish Government, Angus Council and NHS Tayside on a range of matters including progress against the strategic plan. To deliver improvement in our services we also need to understand the performance of our business as usual and how we are managing our resources. The clinical and care governance framework also requires us to measure performance in relation to a range of clinical and other professional activity. A performance framework ensures that we know that our business is efficient and effective and delivering on our strategic priorities. This assurance will be delivered through an approach to performance management that operates at 3 levels.



At each level we require to answer performance issues in relation to:

- The strategic priorities:
  1. improving health wellbeing and independence;
  2. supporting care at home;
  3. developing integrated and enhanced primary care and community responses;
  4. improving integrated care pathways for priorities in care
- Our corporate responsibilities for staff
- Clinical and care governance arrangements
- Managing our resources

There should be some consistency of measurement in each level, use of the same measures but analysed differently to provide insight into performance against priorities at strategic level; performance against improvement targets and against budget at business level and to allow for self-assessment approaches and resource deployment at operational level. As we progress the development of our performance management framework it is our intention to develop one point of access to information. We will use Covalent[1] for our performance reporting at a strategic and business level which will provide access to performance information for managers and others as required.

Strategic Level Performance

This highest level of performance management is the assessment of organisational success in achieving its strategic priorities. This level is mainly concerned with outcomes. (Single Outcome Agreement, Corporate Plan, departmental service plan, service area performance management reports).

The purpose of our performance framework is to show how performance measures relate to the priorities set out in the Angus Health and Social Care Partnership's strategic plan. In the development of performance measures and the associated data it is important to measure the performance of services over which we have influence. This allows this focus on improvement within our own services.

[1] Covalent is a system for managing performance reporting and generating reports

Locality data in respect of social care services will therefore use postcode as social care is provided to those resident in Angus. In respect of healthcare services this will include postcode for some health professional data and in some instances will use GP practice cluster populations (GP clusters being those GP practices within each locality). Around 10,000 people who are resident in Angus are registered with GP practices outside Angus over which we have no direct influence. Including these individuals would distort performance in relation to, for example, hospital admissions. At this strategic level performance measures will be provided as rates or percentages to allow comparison and a national level and locality level. Variation in rates and percentages need further investigation which supports improvement. Each performance measure will have an agreed definition in order that analysis is repeatable.

This level of data will be published in the annual performance report and used to demonstrate progress against the national outcomes and Angus strategic priorities. Once a 2015/16 baseline has been established for each of these indicators it will be important to set targets for many of these performance measures. Targets allow a measure of progress against improvement. To give effect to our equality outcomes and work towards mainstreaming we will also consider whether it is possible to provide information related to protected characteristics for each measure. Table 1 below sets out how the Angus strategic priorities will address the national outcomes and how the national core indicators will be used to show progress against each priority. In addition to our strategic priorities some performance measures relate to our responsibilities for staff, for clinical and care governance and for resources. Performance measures must be in place to provide assurance on our performance in these areas.

Relationship between Angus Strategic Priorities, National Health and Wellbeing Outcomes and Core National Performance Measures

Table 1

Angus Strategic Priorities	National Wellbeing outcomes	Core performance measures
Priority 1 Improving health , wellbeing and independence	**1. Healthier Living** People are able to look after and improve their own health and wellbeing and live in good health for longer. **5. Reduce Health Inequality** Health and social care services contribute to reducing health inequalities. **6. Carers are Supported** People who provide unpaid care are supported to look after their own health and wellbeing. This includes reducing any negative impact of their caring role on their own health and wellbeing.	1. Percentage of adults able to look after their health very well or quite well. 8. Percentage of carers who feel supported to continue in their caring role. 11. Premature mortality rate. 16. Falls rate per 1,000 population in over 65s.
Priority 2 Supporting Care needs at Home	**2. Independent Living** People, including those with disabilities, long term, conditions, or who are frail, are able to live as far as reasonably practicable, independently at home or in a homely setting in their community. **3. Positive Experiences and Outcomes** People who use health and social care services have positive experiences of those services and have their dignity respected. **4. Quality of Life**	2. Percentage of adults supported at home who agree that they are supported to live as independently as possible. 3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. 4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.

Angus Strategic Priorities	National Wellbeing outcomes	Core performance measures
	Health and social care services are centred on helping to maintain or improve the quality of life of service users. Everyone should receive the same quality of service no matter where they live. **7. People are Safe** People who use health and social care services are safe from harm.	5. Percentage of adults receiving any care or support who rate it as excellent or good. 7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. 9. Percentage of adults supported at home who agree they felt safe. 17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections. 18. Percentage of adults with intensive needs receiving care at home.
Priority 3 Developing integrated and enhanced primary care and community responses		6. Percentage of people with positive experience of care at their G.P. practice. 12. Rate of emergency admissions for adults. 13. Rate of emergency bed days for adults. 14. Readmissions to hospital within 28 days of discharge. 15. Proportion of last 6 months of life spent at home or in community setting.

Angus Strategic Priorities	National Wellbeing outcomes	Core performance measures
Priority 4 Improving Integrated care pathways for priorities in care		19. Number of days people spend in hospital when they are ready to be discharged. 20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency. 21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home. 22. Percentage of people who are discharged from hospital within 72 hours of being ready. 23. Expenditure on end of life care.
Managing our workforce	**8. Engaged Workforce** People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.	10. Percentage of staff who say they would recommend their workplace as a good place to work.
Managing our resources	**9. Resources are used Efficiently and Effectively** To deliver Best Value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services.	

The national core indicators do not fully reflect the improvement we expect to deliver through our strategic plan. Additional local performance measures have been identified that will also be included in our annual performance report. The table blow shows that additional performance measure that we expect to develop and how they relate to the national core indicators and the Angus strategic priorities, see Table 2, below.

Angus Strategic Priorities- Local performance measures

Table 2

Angus Strategic Priorities	Core performance measures	Additional Angus Strategic Performance measures
Priority 1 Improving health , wellbeing and independence	1. Percentage of adults able to look after their health very well or quite well. 8. Percentage of carers who feel supported to continue in their caring role. 11. Premature mortality rate. 16. Falls rate per 1,000 population in over 65s.	Number of volunteers and community groups Rate of volunteering £ per carer in Angus invested in carer support Suicide rate % redistribution of resources in line with levels of need and deprivation by locality
Priority 2 Supporting Care needs at Home	2. Percentage of adults supported at home who agree that they are supported to live as independently as possible. 3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. 4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated. 5. Percentage of adults receiving any care or support who rate it as excellent or good. 7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. 9. Percentage of adults supported at home who agree they felt safe.	% 65 who live at home % of people admitted to hospital from home during the year, who are discharged to a care home % of people who access SDS - Option 1 % of people who access SDS - Option 2 % of people who access SDS - Option 3 % of people who access SDS - Option 4 Homecare - Actual hours per 1000 pop Homecare - Actual service users per 1000 pop Homecare - Receiving personal care 65+ (%) Care Inspection Reports - service user

Angus Strategic Priorities	Core performance measures	Additional Angus Strategic Performance measures
	17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections. 18. Percentage of adults with intensive needs receiving care at home.	experience responses rate per 1000 people who received technology enabled care % people who spent the last 6 months of life at home number of supported accommodation units
Priority 3 Developing integrated and enhanced primary care and community responses	6. Percentage of people with positive experience of care at their G.P. practice. 12. Rate of emergency admissions for adults. 13. Rate of emergency bed days for adults. 14. Readmissions to hospital within 28 days of discharge. 15. Proportion of last 6 months of life spent at home or in community setting.	Rate of unnecessary admissions to hospital
Priority 4 Improving Integrated care pathways for priorities in care	19. Number of days people spend in hospital when they are ready to be discharged. 20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency. 21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home. 22. Percentage of people who are discharged from hospital within 72 hours of being ready. 23. Expenditure on end of life care.	

Angus Strategic Priorities	Core performance measures	Additional Angus Strategic Performance measures
Managing our workforce	10. Percentage of staff who say they would recommend their workplace as a good place to work.	
Managing resources		Financial Performance : In year overall IJB performance against budget with breakdown for A) former Council Services, B) Former NHS Services, C) Hosted Services, D) Prescribing, E) Family Health Services. Financial Performance : Recurring overall IJB Performance against budget with breakdown for A) former Council Services, B) Former NHS Services, C) Hosted Services, D) Prescribing, E) Family Health Services. A measure of the balance of care (e.g. split between spend on institutional and community-based care) % of total health and care spend on hospital stays where the patient was admitted in an emergency.
Clinical and care governance		Time intervals from first contact to completion of a community care assessment Time intervals from completion of a community care assessment to personal/nursing care service delivery category

Angus Strategic Priorities	Core performance measures	Additional Angus Strategic Performance measures

As work progresses on the delivery of the strategic priorities further high level measures may be added. Measures may be subject to change as we progress to the definition stage.

At this strategic level we also have to report on our progress with mainstreaming equalities. Our equalities outcomes and performance measures are identified in Table 3 below.

ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP EQUALITY OUTCOMES

As part of performance reporting we are also required to report on progress towards the agreed quality outcomes. Angus Health and Social Care Partnership has set out three equality outcomes.

Table 3

What is our equality outcome?	***We will make all services accessible to meet the needs of people with a protected characteristic(s) to allow them to be as independent as possible***		
National Health And Wellbeing Outcome 1:people are able to look after and improve their own health and wellbeing and live in good health for longer National Health And Wellbeing Outcome 4: health and social care services are centred on helping to maintain or improve the quality of life of people who use services. National health and wellbeing Outcome 7: people using health and social care services are safe from harm.			
	Which part of the general duty are we addressing?	**What are the key protected characteristics?**	**How will we measure progress?**
	Prevent indirect discrimination, Advance equality of opportunity, and foster good relations	All of the protected characteristics: Age, disability, gender reassignment, Pregnancy/maternity, Race/ ethnicity, religion/belief, sex, sexual orientation.	Number of people with protected characteristic(s) supported through an enablement process. Number of people with a protected characteristic(s) provided with equipment to support independence. Number of people with a protected characteristic(s) using telehealth and telecare. Number of people with a protected characteristic(s) using rehabilitation services. Number of adult protection investigations for people with a

			Protected characteristic(s).
What will we do over the next 3 years?	We will improve the range of telehealth and telecare services available in Angus for those people with a disability or who are older who cannot physically access their local health services. We will review our enablement approach for improvement opportunities. We will support the adult protection committee to ensure a robust approach to supporting vulnerable adults.		

What is our equality outcome?	***People with Protected Characteristic(s) and equality groups are able to make informed choices so they can have control over their own life***		
National Health and Wellbeing Outcome 2: people, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. National Health And Wellbeing Outcome 3: people who use health and social care services have positive experiences of those services and have their dignity respected. National health and wellbeing Outcome 5: health and social care services contribute to reducing health inequalities National Health And Wellbeing Outcome 6: people who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing National Health And Wellbeing Outcome 9: resources are used effectively and efficiently in the provision of health and social care services.			
	Which part of the general duty are we addressing?	**What are the key protected characteristics?**	**How will we measure progress?**
	Advance equality of opportunity, foster good relations, and eliminate discrimination.	Age, disability, Race/ethnicity, religion/belief, sex, sexual orientation, pregnancy/maternity, gender reassignment.	Number of people with protected characteristic(s) using each of the SDS options. Number of people getting involved in service design through co-production and engagement opportunities. Joint strategic needs assessment updated annually.
What will we do over the next 3 years?	Assessments will be co-produced with the person being assessed. Person-centred approaches will be developed across all services. Support plans based on agreed outcomes will be co-produced with the person with identified needs. A range of social care services will be available to allow people with identified needs to make choices over whom, when and how any support services will be provided as part of their support plan. We will undertake ongoing engagement activities to develop our strategic approach and locality plans in		

	conjunction with people with protected characteristic(s) and equality groups in the Angus communities. We will ensure that our planning and service delivery is informed by Equality Impact assessments. To act on the outcomes of equality impact assessments for financial decisions ensuring there is no discrimination and to implement any recommendations from Equality Impact Assessments.

What is our equality outcome?	***People with Protected Characteristic(s) will be involved in their own care to allow them access to services that meet their physical, cultural, religious and equality needs***		
National Health And Wellbeing Outcome 1:people are able to look after and improve their own health and wellbeing and live in good health for longer National Health And Wellbeing Outcome 4: health and Social Care services are centred on helping people maintain or improve the quality of life of people who use those services			
	Which part of the general duty are we addressing?	**What are the key protected characteristics?**	**How will we measure progress?**
	Eliminate discrimination, Advance equality of opportunity, foster good relations.	Age, disability, gender reassignment, race/ethnicity, and religion/belief.	Number of community groups by locality. Number of people from using befriending services. Level of funding released to the third sector to develop community based services.
What will we do over the next 3 years?	We will work with the third sector to improve the range of activities available for people from protected equality groups in the Angus community.		

Business Level Performance - Delivering Improvement in Angus

Angus Health and Social Care Partnership is committed to the approach of continuous improvement. This requires a focus on business level performance. This level of performance management is concerned with the performance of business units and service providers. It is mainly concerned with outputs (departmental service plan, service area performance management reports, service team management reports.)

The questions that performance management at the business level seeks to answer are:

- How can we ensure that we meet our business objectives?
- How can we do better?
- Are we getting value for money?
- What is an acceptable level of quality for the services we provide?
- What should we be measuring and how?
- How can we set targets and provide incentives that will encourage quality of service and not detract from key objectives?
- What is the variance across our services?
- What is the level of waste across our services?
- How do we deliver continuous improvement?

Performance at a business level needs to identify to where improvement activity needs to be targeted. Whilst there is some overlap with strategic level data, data at a business level for health will be measured at a GP practice level and for social care data at a team level. It is important here to look at rates so we can identify variance. Performance information will also be provided as numbers to there is a relationship between the performance information and the budget for the service in that locality. There will be information governance issues to address with this level of data as it is likely that individuals may be identifiable where small numbers exist. This level of data would therefore not be publically available, see Table 4 below.

Table 4

Angus Strategic Priorities	Angus Core and Strategic level Performance measures	Additional Angus Business level performance measures
Priority 1 Improving health , wellbeing and independence	1. Percentage of adults able to look after their health very well or quite well. 8. Percentage of carers who feel supported to continue in their caring role. 11. Premature mortality rate. 16. Falls rate per 1,000 population in over 65s. Number of volunteers and community groups Rate of volunteering £ per carer in Angus invested in carer support Respite care by age. Suicide rate. % redistribution of resources in line with levels of need and deprivation by locality.	% of adults able to look after their health very well or quite well. Premature Mortality Rate % 65+requiring no further service following Enablement Measure of dependency: before and after enablement No of Community Alarm Users Community alarm response time. % of carers who feel supported to continue in their caring role Care assessments undertaken as % of assessments offered % carers who reported that most of the time they have a good balance between caring and other things in their lives. Falls rate per 1,000 population in over 65's. Smoking Cessation (12 weeks post quit) HEAT Target. Number of patients achieving G5% weight loss in tiers 2, 3 and 4.
Priority 2 Supporting Care needs at Home	2. Percentage of adults supported at home who agree that they are supported to live as independently as possible. 3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	% achieving goals set out in their Outcome Focussed support plan. % home care service users receiving care evening/overnight. % home care service users receiving personal care.

Angus Strategic Priorities	Angus Core and Strategic level Performance measures	Additional Angus Business level performance measures
	4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated. 5. Percentage of adults receiving any care or support who rate it as excellent or good. 7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. 9. Percentage of adults supported at home who agree they felt safe. 17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections. 18. Percentage of adults with intensive needs receiving care at home. % 65 who live at home. % of people admitted to hospital from home during the year, who are discharged to a care home. % of people who access SDS - Option 1. % of people who access SDS - Option 2. % of people who access SDS - Option 3. % of people who access SDS - Option 4. Homecare - Actual hours per 1000 pop. Homecare - Actual service users per 1000 pop. Homecare - Receiving personal care 65+ (%). Care Inspection Reports - service user experience responses.	% achieving goals set out in Outcome Focused support plan. % of young people supported to adult services through transition arrangements. Homecare - Actual service users (No). Homecare - All actual hours supplied (No). Homecare - All actual service users (No). No of Service users 65+ with Technology Enabled Care (Telecare) (excluding community alarms). No of Service users 65+ with Technology Enabled Care (Telecare). Antenatal Access HEAT Target.

Angus Strategic Priorities	Angus Core and Strategic level Performance measures	Additional Angus Business level performance measures
	rate per 1000 people who received technology enabled care . % people who spent the last 6 months of life at home. number of supported accommodation units.	
Priority 3 Developing integrated and enhanced primary care and community responses	6. Percentage of people with positive experience of care at their G.P. practice. 12. Rate of emergency admissions for adults. 13. Rate of emergency bed days for adults. 14. Readmissions to hospital within 28 days of discharge. 15. Proportion of last 6 months of life spent at home or in community setting. Rate of unnecessary admissions to hospital.	Delayed Discharge (nobody will wait more than 14 days to be discharged from hospital into a more appropriate setting, once treatment is completed) . Emergency Bed Days for people aged 75+ HEAT Target. The percentage of Angus patients in Ninewells who achieve all 4 elements of the Stroke bundle (reaching the stroke unit by day 1, receiving swallow screening by day 1, receiving brain imaging within 24 hours of admission, receiving aspirin by day 1). Bed Days Lost to Delayed Discharge by age. Bed days lost to delayed discharge by code/reason. Proportion of people aged 75 and over living at home who have an Anticipatory Care Plan shared with Out-of-Hours staff. Readmissions Rates at 7 & 28 Days. Dementia- to deliver expected rates of diagnosis and provide 1 year post diagnostic support by a link worker

Angus Strategic Priorities	Angus Core and Strategic level Performance measures	Additional Angus Business level performance measures
		including a person centred plan HEAT Target. No. exiting Drug & Alcohol Team referred within 6 months. % of health and care resources spent on hospital stays where patient admitted in an emergency. Cost of emergency inpatient bed days for people over 75 per 1000 population over 75. No of people delayed in hospital more than 14 days. Per capita weighted cost of accumulated bed days lost to delayed discharge. Pharmacy Cost Minimisation Initiatives: Total Cost Reduction Angus.
Priority 4 Improving Integrated care pathways for priorities in care	19. Number of days people spend in hospital when they are ready to be discharged. 20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency. 21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home. 22. Percentage of people who are discharged from hospital within 72 hours of being ready. 23. Expenditure on end of life care Rate per 1,000 of the population who met the 18 weeks referral to	Antenatal Access. Dementia- to deliver expected rates of diagnosis and provide 1 year post diagnostic support by a link worker including a person centred plan HEAT Target. Detect Cancer Early HEAT Target. Percentage of people who need help with their drug/alcohol problem will wait no longer than 3 weeks for treatment. Psychological Therapies Waiting Times HEAT Target.

Angus Strategic Priorities	Angus Core and Strategic level Performance measures	Additional Angus Business level performance measures
	treatment (RTT) target by locality.	Dementia - to deliver expected rates of diagnosis and provide 1 year post diagnostic support by a link worker including a person centred plan HEAT Target. Detect Cancer Early HEAT Target. Waiting times between request for a housing adaptation, assessment of need, and delivery of any required adaptation. 4 Hour A & E Waiting Times HEAT Target. Psychological Therapies Waiting Times HEAT Target. C Difficile Infections HEAT Target. Readmission to hospital within 28 days. Expenditure on End of Life care.
Corporate responsibilities – Managing our staff, Managing our resources	10. Percentage of staff who say they would recommend their workplace as a good place to work.	Summary of exit interviews from previous quarter. % of staff who say they would recommend their workplace as a good place to work. % of staff who completed training in the approach to outcomes focussed assessment. Sickness absence rate by service area. % mental health staff trained in TESC/Recovery. Staff age profile by service area. Annual staff survey responses - need to identify existing questions that meet

Angus Strategic Priorities	Angus Core and Strategic level Performance measures	Additional Angus Business level performance measures
		outcome.
Clinical and care governance	Time intervals from first contact to completion of a community care assessment. Time intervals from completion of a community care. Assessment to personal/nursing care service delivery category.	% Adult protection cases screened within 24 hours of notification. % ASP case conferences held within agreed timescales. % ASP on-going case conference reviewed within 3 months. Hand Hygiene Compliance C Difficile Infections HEAT Target. MRSA/MSSA Reductions HEAT Target. New C-Diff Infections across CHP inpatient areas. Nutrition (% compliance within CHP inpatient areas). Pressure Ulcer Prevention (% compliance within CHP inpatient areas). Number of guardianships held by CSWO as % all guardianship Number of people with guardianship.
Managing resources	Financial Performance : In year overall IJB performance against budget with breakdown for A) former Council Services, B) Former NHS Services, C) Hosted Services, D) Prescribing, E) Family Health Services. Financial Performance : Recurring overall IJB Performance against budget with breakdown for A) former Council Services, B) Former NHS Services, C) Hosted Services, D) Prescribing, E) Family Health Services. A measure of the balance of care (e.g. split between spend on institutional and community-based care)	To be further developed

Angus Strategic Priorities	Angus Core and Strategic level Performance measures	Additional Angus Business level performance measures
	% of total health and care spend on hospital stays where the patient was admitted in an emergency.	

Operational Level Performance Management – Localities that are Achieving

The purpose of this level of data is to support self-assessment within teams and to support workload management Performance management at the operational level is often characterised by statistical analysis, for example, the precise weighing of costs against output and quality of output. This is the simplest level of performance management but is also vital. Information from this level may form an important basis for analysis at the higher levels.

This level deals with questions such as:

- Are we meeting our targets?
- Are we attaining the desired level of quality?
- Could we do more work in the same time (improving efficiency).
- Could we do more work better (improving effectiveness).
- Could we save money (improving economy).
- How are staff performing?

Operational level performance also includes aspects of performance against clinical and care governance requirements.

Operational measures will be developed in conjunction with teams to ensure that any additional measures address specific needs.

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SCOTTISH GOVERNMENT STATISTICS: Social Care 2016

The Scottish Government uses the performance information it receives to produce:

A summary of all the Official and National Statistics Publications for Social Care which were published during 2015-16 is available below and from our website at www.gov.scot/HSCdata<http://www.gov.scot/HSCdata>

Expenditure on Adult Social Care Services, Scotland, 2003-04 to 2013-14 on 24th March 2015 the Scottish Government published a new publication of Social Care expenditure data. This provides analysis of expenditure on Social Care services over the decade prior to Health and Social Care Integration in Scotland. The spreadsheet which accompanies the publication provides analysis at local authority level.
http://www.gov.scot/Publications/2015/03/5885

Scotland's Carers
On 24th March 2015, the Scottish Government published a new publication bringing together research and statistics on unpaid carers in Scotland. The spreadsheet which accompanies the publication allows for much analysis at local authority level.
http://www.gov.scot/Topics/Statistics/Browse/Health/Data/Carers

Social Care Services
For annual Social Care publications, including spreadsheets and maps and analysis at partnership level, see:
http://www.gov.scot/Topics/Statistics/Browse/Health/Data/HomeCare

Free Personal and Nursing Care
The annual Free Personal and Nursing Care publication brings together data from a variety of different sources to give a picture of: the number of people benefiting from free personal care and free nursing care in Scotland; and how much Local Authorities spend on personal care services.
http://www.gov.scot/Topics/Statistics/Browse/Health/Data/FPNC

Social Services Workforce
The SSSC make available all their workforce statistics publications on their workforce data website, which also has an area for users to interact with the data and create their own visualisations.
http://data.sssc.uk.com

Adults with Learning Disability
SCLD publish the official statistics on Adults with Learning Disability in Scotland. The website features annual statistics releases, a blog and a data visualisation section.
http://www.scld.org.uk/evidence-and-research/statistics/

Scottish Care Homes Census
ISD publish information from the Scottish Care Homes Census at:
http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census/

AGENDA ITEM NO 9
REPORT NO. IJB 44/16

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD - 18 MAY 2016

CLINICAL, CARE AND PROFESSIONAL GOVERNANCE GROUP UPDATE

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report advises Board members of progress in developing Clinical, Care and Professional Governance arrangements within the Angus Health & Social Care Partnership (HSCP).

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

(i) note the progress in developing the terms of reference for the Clinical, Care and Professional Governance Group.

(ii) note the work to date in developing an integrated assurance framework.

(iii) agree that a summary report will be presented to the IJB on a quarterly basis.

2. PROGRESS OF THE CLINICAL, CARE AND PROFESSIONAL GOVERNANCE GROUP

The group met on 13 April 2016 to discuss the following:

2.1 Terms of reference

Draft terms of reference were developed (Appendix 1). Work will be undertaken to align reporting requirements to R1 within the agreed framework.

2.2 Integrated assurance model development

The group is considering the efficacy of developing and testing a single assurance framework utilised by all departments in the Angus IJB as a reporting and improvement tool from the user interfacing staff to the Board.

The 6 domains of the Tayside Clinical, Care and Professional Governance Framework provide the structure for the various governing body reporting requirements.

1. Information governance
2. Professional regulation and workforce development
3. Patient, service user and staff safety
4. Patient, service user and staff experience
5. Regulation of quality and effectiveness of care
6. Promotion of equality and social justice

The initial process is to galvanise all the reporting requirements throughout the HSCP, and place each requirement into one of the six domains. For example, record keeping audits will fall under domain 1 'information governance'; results for matter or staff experience surveys will fall into domain 4 'staff experience'. The enormity of this cannot be underestimated however it is essential that all parties have an understanding of the joint expectations for clinical and care governance standards across all departments within the IJB and hosted services.

2.3 Clinical Governance Assurance

Reports from the Care and Clinical Governance Group in Angus (R2) will be considered by the Health and Social Care Partnership Executive Management Team on a monthly basis.

It is proposed that a summary report, which will include performance against a key set of performance indicators (KPIs), will be presented to the IJB on a quarterly basis.

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Date: May 2016

Appendix 1 – Terms of reference draft 4

Appendix 1

ANGUS HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) draft 4

ANGUS CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP

TERMS OF REFERENCE 2016/17

1. Chairpersons & Executive Lead

The group is jointly chaired by the Clinical Director, the Associate Nurse Director and Angus Chief Social Work Officer.

2. Purpose

To provide assurance to Angus Integration Joint Board and Tayside Clinical Care and Professional Governance Group, that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Angus Health and Social Care Partnership.

This will involve seeking assurances from all partnership services that care provision is delivered within the context of the six domains of Clinical, Care & Professional governance. These domains are:

- Information Governance
- Professional Regulation & Workforce Development
- Patient, Carer & Staff Safety
- Patient, Carer & Staff Experience
- Quality & Effectiveness of Care
- Promotion of Equality & Social Justice

The group will work towards a process in which all services will provide ongoing assurance to the group that there are robust processes in place for all six domains, and that there are ongoing efforts to further improve. This assurance will include both qualitative and quantitative information which will be reported to the group on a regular basis throughout the year, and will be used to provide assurances to the Integration Joint Board of the provision of high quality care.

The group also has a key responsibility in enabling learning across services, disciplines and agencies, as well as the sharing of good practice and innovative ways of working.

The partnership brings together a wide range of services, each of which has a unique perspective and areas of operating excellence. By exploring and embracing these different perspectives, the group will seek to create a shared understanding of how we can deliver integrated, high quality care within Angus.

3. Membership

Group members will be provided with meeting dates in advance, and are expected to attend all meetings. In the exceptional instances where the representative is not able to attend, a deputy should attend in their place.

Angus AHP Lead *(Angela Murphy)*
Angus Pharmacy Lead *(Michelle Logan)*
Associate Nurse Director (Chair) *(Sue Mackie)*
Business Analyst Support (*Sarah Lowry/Susan Baird*)
HR Business Lead (*Jackie Bayne*)
Public Health *(Lesley Marley)*
Head of Integrated Mental Health Services (*Bill Troup*)
Clinical Director (Chair) (*post holder to be appointed)*
Clinical Service Manager Out of Hours (*Jillian Galloway*)
Clinical Governance and Risk Lead *(Tracey Passway*)
Chief Social Work Officer Angus (T*im Armstrong*)

Head of Community Health and Care Services, North Angus (Performance) *(Gail Smith)*
Head of Community Health and Care Services South Angus (Strategic Planning) (*George Bowie*)
Patient/Service user (*to be determined*)
Primary Care Service Manager – (*Rhona Guild*)
Service Manager (*Jillian Richmond*)
Service Manager (*Susan Maclean*)
Service Manager Older People (*Liz Goss*)
Senior Planning Officer (*Adrian McLaughlin*)
Senior Planning Officer (*Vivienne Davidson)*
Third Sector representative (*to be determined*)

4. Quorum

The group will be quorate with a minimum of 50% membership present.

5. Frequency of Meetings

The group will meet monthly initially.

6. Remit

The group has responsibility for:

- Ensuring there are systems to embed care and clinical governance at all levels from front line staff to the IJB
- Drive a culture of continuous improvement
- Addressing care governance challenges and tensions
- Ensure the ethos of the 12 integration principles (Joint Working) (Scotland) Act 2014 and the 9 health and wellbeing outcomes are the focus of the group
- Ensuring that partnership services provide evidence that care is delivered in the context of the 6 domains of Clinical, Care & Professional Governance. This will be achieved through service level reports, presentation of data, and exception reporting within an agreed timetable, with a view to rationalising activity agreeing a series of measures and indicators which will support partnership services in providing assurances of high quality care provision
- Ensure that there is a robust reporting and assurance mechanism for those services which are hosted within other Tayside partnerships
- Ensuring that partnership services provide evidence that they proactively identify any risks within their service, and that any identified risks are actively managed
- Ensuring that group members act as a conduit for information to and from staff within their service or profession
- Sharing and learning from best practice and innovative ways of working in relation to care governance across the partnership
- Routine reporting of clinical, care and professional governance and provision of assurance to the Angus Integration Joint Board
- Routine provision of assurance to the Tayside Clinical, Care & Professional Governance Group

7. Reporting Arrangements and Schedule

The group has in place an action plan, which is revised at each meeting. All partnership services updates and progress are provided by services through exception reporting at each meeting.

The group will submit an annual report to the Integration Joint Board, and will provide performance information to the IJB.at each IJB meeting.

Work will be undertaken to align reporting requirements to R1 within the agreed framework.

8. Decisions of the group

Any member can request a matter to be brought before the group be subject to appropriate consultation with all parties prior to an agreement being reached. Agenda items to be submitted in advance for consideration by the Chair (not to be tabled where possible).

9. Referral

Any matter raised that falls outwith the clinical and professional authority and influence of this group will be referred to either of the Tayside Clinical Care and Professional Group, or the Angus IJB.

AGENDA ITEM NO 10
REPORT NO. IJB 45/16

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 18 MAY 2016

RISK REGISTER UPDATE – MAY 2016

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

To update Integration Joint Board members on the Risk Register to May 2016.

1. RECOMMENDATIONS

To recommend that the Integration Joint Board:-

(i) note the management actions updated in Risks 1, 2, 3, 4, 5 and 8 highlighted in blue within the Risk Management Summary (Appendix 1);

(ii) note that there are no new risks.

(iii) note that work will be undertaken to refresh the corporate risks following the formal delegation of powers and a revised report will be presented by August 2016.

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27 April 2016

Appendix 1 – Angus Health & Social Care Partnership – Risk Management Summary

Appendix 1

Angus Health & Social Care Partnership – Risk Management Summary

Risk	Updated	Probability	Impact	Controls
1. Lack of Officer capacity to prepare for Integration **RISK DELETED**	27 April 2016	**LOW**	**MEDIUM**	• Core Integration Team in place as of 24/04/14. • Project Framework and Working Groups including Tayside Joint Issues. • Enabling resource from Change Fund and Scottish Government Transitional and OD resources will mitigate risk. • Enabling resource from Integration Fund from April 2015. • Preparations for Integration completed.
2. Implementation plans slippage **RISK DELETED**	27 April 2016	**HIGH**	**MEDIUM**	• Local implementation timetable regularly reviewed and progress reports to Shadow Board. • Assumptions will need to be made in absence of Policy Guidance but assured that 'on track' from Scottish Government with only minor adjustments likely. • Maintain regular contact with Scottish Government. • Use Scottish Government Pre-assessment Tool Template for Integration Scheme. • New guidance issued on Localities; Finance; and Integration Financial Assurance on 3 July 2015. • Pan Tayside collaboration required for some aspects • Delays now being incurred in organisational arrangements, and financial plans • Implementation Plans concluded by 1 April 2016. Residual issues carried forward into substantive management team arrangements.
3. Failure to engage partners and communities in shaping Integration	27 April 2016	**LOW**	**MEDIUM**	• Locality Plan/Geography and Implementation Groups already in place. • Locality approach and model adopted by Shadow Board. • Locality Commissioning events with all partners on track. • Engagement with all partners from Day One – Ref. Engagement Policy. • Funding support to Carers, Voluntary and Independent Sectors to support engagement. • Full Consultation & Engagement and Communications Plan in

Risk	Updated	Probability	Impact	Controls
				place. • Locality commissioning events in September 2015. • Consultation ongoing with localities, and in relation to the strategic plan • Consultation complete. • Ongoing engagement progressing through localities.
4. Difficulty in sourcing reliable and complete data for Activity & Demand & Delivery costs i.e. IRF Baseline	27 April 2016	**LOW**	**MEDIUM**	• Effective analysis of ISD/IRF information. • Establish Data/Performance & Resource Groups locally to utilise current information - From Feb. 2015 with ISD Link Officer. • Ensure Strategic Plan and Locality Commissioning Plans have best quality local data. • Establish Locality Profiling data. • Link officer agreed with ISD • ISD link officer in post from beginning of September • Access to ISD Tableau system from 30 November 2015. • Improvements enabled through Link Officer. Link Officer involvement sustained.
5. Failure to develop and establish Workforce arrangements and plans for the new Partnership	27 April 2016	**MEDIUM**	**MEDIUM**	• Utilise learning from current integrated HSC Teams in Angus. • Ensure professional skills are retained through Clinical and Care Governance Plans. • Workforce Planning Group established – included will be strategic plan to recruit locally to caring roles and expert capacity to support through Transitional resources. • Staff Partnership Forum established June 2014. • Development and conclusion of organisational change arrangements are most likely to span 2016. • Workforce Plan established. • Local Integrated Partnership Forum established.
6. Failure to deliver safe and effective and reliable care in all settings	2 March 2016	**MEDIUM**	**MEDIUM**	• Robustly adhere to parent body Clinical, Care & Professional Governance Strategy & Policies. • Promotion of a learning and improvement culture. • Excellent systematic processes across Partnership and procured services to assure review and reporting of risks. • Delivery of Improvement Plans from External Review. • Agreement on local Clinical/Care & Professional Governance

Risk	Updated	Probability	Impact	Controls
				Forum to be established June 2015. • Turnover in leadership roles may impact on emerging plans. • Development of R2 arrangements and scope of assurances now in place.
7. Failure to develop and establish Performance Management arrangements for effective operational management and Corporate Governance	2 March 2016	**MEDIUM**	**MEDIUM**	• Partnership will develop a robust set of measures and reporting systems by which to assure the Shadow Board. • Basis will be the National Performance Framework plus local measures. • This will link with NHS Local Delivery Plans and Council Performance Plan and Single Outcome Agreements. • Pan Tayside arrangements in place to develop performance management arrangements • Conclusion of performance management framework still in progress. Gaps in corporate support to fulfil all requirements • Performance Management Framework now set out.
8. Failure to develop and establish financial arrangements to ensure effective establishment of Partnership	27 April 2016	**MEDIUM**	**HIGH**	• The Financial Plan will be shaped by further guidance and regulations as the Bill progresses. • A Chief Financial Officer will be appointed. • Integration Scheme Finance section to address. • Due diligence agreement to Shadow Board. • Due diligence programmed for September 2015 • Continuation of due diligence process in January/February 2016. • Financial planning discussions commenced. • Impact of budget settlement, and delay in NHS Tayside budget setting discussions have had an impact on the ability to set out financial plans and conclude all elements of due diligence. Formal concerns raised. • Finance meetings and negotiations with NHS Tayside in progress. • Financial settlement reached for 2016/17.
9. Failure to develop preventative service models with early identification and intervention to avoid crisis and costs and harm as a result	2 March 2016	**LOW**	**MEDIUM**	• The Strategic Plan will articulate clear plans for the shift in the balance of care, improved health & wellbeing, and sustainable strategic resourcing of the Care Model 2015-20. • Integrated Care Fund will significantly support prevention. • Emphasis of early interventions and Enhanced Community

Risk	Updated	Probability	Impact	Controls
				Support consistently being rolled out through localities.
10. Failure to develop integrated I.T. systems to share information and improve efficiency and effectiveness.	2 March 2016	**MEDIUM**	**HIGH**	• We will develop a fully articulated service specification and work with Tayside partners to deliver the solutions. • Tayside Data Sharing & I.T. workstream developing solutions. • Programme Lead post from Technology funding to support intensive workstream - Feb. 2015. • Interface with Agile Working Programmes in each agency. • Senior Practitioner P/T allocated to developing Practitioner specification now in post. • I.T. Strategy established.
11. Failure to develop a robust Clinical and Care Governance Assurance Framework	2 March 2016	**LOW**	**MEDIUM**	• Chief Social Work Officers and Nursing & Medical Directors pan-Tayside will develop a Framework. • The Angus Health and Social Care Integration Authority will establish a dedicated committee to assure the HSCI Board of safe and effective care across the Partnership. • There will be a robust articulation with the Tayside Older People's and Mental Health Boards. • Framework established as part of Integration Scheme. • Development of R2 arrangements and scope of assurances now in place.
12. Failure of management to adopt a standard approach in the communication with front line staff leading to confusion and uncertainty	2 December 2015	**LOW**	**MEDIUM**	• Tayside Communication Framework agreed. • Interim Chief Officer rolling programme of face to face briefings with staff • Staff Partnership Group formed. • Range of newsletters and written communications being issued by the Communications & Engagement Group. • Regular surveys of staff and partners utilising the JIT Readiness for Integration Tool. • FAQs - Regular updates. • 'Integration Matters' newsletter issued widely, including to front line staff, on a 3 monthly basis.
13. Failure of parent bodies and partners to agree	29 April 2015	**MEDIUM**	**MEDIUM**	• Officers to adopt a transparent approach • Development of 'failure to agree' and 'dispute resolution' policies for Integration Authority and Parent Bodies.

Risk	Updated	Probability	Impact	Controls
				• Facilitated or mediated discussion if necessary to negotiate a positive way forward. • Integration Scheme covers this.
14. Managing Debt and Financial Risk	5 August 2015	**MEDIUM**	**HIGH**	• Adherence to agreed financial regulations for managing risk as laid out in Integration Scheme • Robust monitoring of resources including Transitional Short Term Funds through a Financial Monitoring Group • Bold and transformational strategic planning which optimises efficient and effective use of resource. • Financial Regulations further developed.

AGENDA ITEM NO 12
REPORT NO. IJB 46/16

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 18 MAY 2016

AUDIT REPORT

REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER

ABSTRACT

To update the Board regarding Audit related matters including:-

- Approving the membership of the Angus Health and Social Care Partnership Audit Committee.
- Confirming the first meeting of the Angus Health and Social Care Partnership Audit Committee.
- Noting reports issued by Audit Scotland that relate to Health and Social Care Integration.

1. RECOMMENDATIONS

(i) to approve the membership for Angus Health and Social Care Partnership Audit Committee.

(ii) to confirm the date of the first meeting of Angus Health and Social Care Partnership Audit Committee.

(iii) to note the Audit Scotland reports issue regarding Health and Social Care Integration and the main recommendations of those reports.

2. AUDIT COMMITTEE

AUDIT COMMITTEE MEMBERSHIP

The Board will recall that the March Board meeting considered report IJB32/16 that established the Angus Health and Social Care Partnership's Audit Committee. That report recommended membership comprise:-

a) two voting members of the Integration Joint Board (one each from voting members of Angus Council and NHS Tayside) who are not the Chair or Vice Chair of the Integration Joint Board and,

b) three non voting members of the Integration Joint Board (excluding the Chief Officer and Chief Finance Officer).

The Integration Authority contacted all voting members and non voting members in early April to seek nominations to membership as per the agreed requirements.

The following members have now agreed to submit their names as nominations for membership of the Audit Committee:-

Voting Member (Angus Council) – to be confirmed

Voting Member (NHS Tayside) – Alison Rogers

Non Voting Members - David Barrowman (Service User Representative)
Neil Prentice (Third Sector Representative)
To be confirmed

The Integration Joint Board should now consider these nominations and confirm membership of the Angus Health and Social Care Audit Committee.

AUDIT COMMITTEE – FIRST MEETING

The Board will recall that the pares that approved the creation of the Audit Committee indicated that the Audit Committee would meet three times per annum and that the remit of the Audit Committee would include issues such as scrutinising the Annual Accounts. In order to allow remits regarding Annual Accounts to be undertaken in line with general Audit requirements, it is now proposed that the first meeting of the Audit Committee will take place on Wednesday 29th June immediately after the conclusion of the Angus Integration Joint Board of the same day. Agenda items will include the consideration of unaudited financial statements for financial year 2015/16.

3. AUDIT SCOTLAND REPORTS

Audit Scotland produce a range of reports about the performance and financial management of Scotland's public bodies. That includes publishing annual audit reports of public bodies – including, for 2015/16, Angus Health and Social Care Partnership and producing public reports on other matters of public interest. Included in those matters of public interest is Health and Social Care Integration.

Audit Scotland have produced two recent reports that will be of interest to Committee members and they are noted here for information.

Audit Scotland – "Health and Social Care Integration" – December 2015.

The Key messages of this report, noting the date of publication, included commenting about the lack of evidence that Integration Authorities (IAs) would be in a position to make a major impact in 2016/17, uncertainty regarding agreeing budgets and long term funding, difficulties in setting targets and setting out timescales to make a difference with the way Health and Social Care is delivered, clarifying governance arrangements and underlying workforce issues.

The report also issued a set of recommendations to the Scottish Government, Integration Authorities and jointly Integration Authorities, Councils and NHS Boards. These recommendations are summarised in Appendix 1. Angus IJB will assess its position with regard to these recommendations and report the findings back to the second Audit Committee meeting of 2016/17.

Audit Scotland – "Changing Models of Health and Social Care" – March 2016

The report notes that due to demographic issues the current models of care are sustainable, and that new models of care are required. The reports notes that while some new models of care are being introduced, the shift is not happening quickly enough or with the scale required. The report notes that Integration Authorities, NHS Boards and Councils need to do more to facilitate change.

The report also issued a set of recommendations to the Scottish Government, jointly Integration Authorities, Councils and NHS Boards and Information Services Division. These recommendations are summarised in Appendix 2. Angus IJB will assess its position with regard to these recommendations and report the findings back to the second Audit Committee meeting of 2016/17.

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May 2016

Appendix 1 – Audit Scotland – Health and Social Care – December 2015 – Recommendations
Appendix 2 – Audit Scotland – Changing Models of Health and Social Care – March 2015 - Recommendations

APPENDIX 1

AUDIT SCOTLAND – HEALTH AND SOCIAL CARE – DECEMBER 2015 - RECOMMENDATIONS

The Scottish Government should:

- work with IAs to help them develop performance monitoring to ensure that they can clearly demonstrate the impact they make as they develop integrated services. As part of this:
  - work with IAs to resolve tensions between the need for national and local reporting on outcomes so that it is clear what impact the new integration arrangements are having on outcomes and on the wider health and social care system
- monitor and publicly report on national progress on the impact of integration. This includes:
  - measuring progress in moving care from institutional to community settings, reducing local variation in costs and using anticipatory care plans
  - reporting on how resources are being used to improve outcomes and how this has changed over time
  - reporting on expected costs and savings resulting from integration
- continue to provide support to IAs as they become fully operational, including leadership development and sharing good practice, including sharing the lessons learned from the pilots of GP clusters.

Integration authorities should:

- provide clear and strategic leadership to take forward the integration agenda; this includes:
  - developing and communicating the purpose and vision of the IJB and its intended impact on local people
  - having high standards of conduct and effective governance, and establishing a culture of openness, support and respect
- set out clearly how governance arrangements will work in practice, particularly when disagreements arise, to minimise the risk of confusing lines of accountability, potential conflicts of interests and any lack of clarity about who is ultimately responsible for the quality of care and scrutiny. This includes:
  - setting out a clear statement of the respective roles and responsibilities of the IJB (including individual members), NHS board and council, and the IJB's approach towards putting this into practice
  - ensuring that IJB members receive training and development to prepare them for their role, including managing conflicts of interest, understanding the organisational cultures of the NHS and councils and the roles of non-voting members of the IJB
- ensure that a constructive working relationship exists between IJB members and the chief officer and finance officer and the public. This includes:
  - setting out a schedule of matters reserved for collective decision-making by the IJB, taking account of relevant legislation and ensuring that this is monitored and updated when required.
  - ensuring relationships between the IJB, its partners and the public are clear so each knows what to expect of the other
- be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny, including:
  - developing and maintaining open and effective mechanisms for documenting evidence for decisions
  - putting in place arrangements to safeguard members and employees against conflict of interest and put in place processes to ensure that they continue to operate in practice
  - developing and maintaining an effective audit committee

- ensuring that effective, transparent and accessible arrangements are in place for dealing with complaints
- ensuring that an effective risk management system in in place

- develop strategic plans that do more than set out the local context for the reforms; this includes:
  - how the IJB will contribute to delivering high-quality care in different ways that better meet people's needs and improves outcomes
  - setting out clearly what resources are required, what impact the IJB wants to achieve, and how the IA will monitor and publicly report their progress
  - developing strategies covering the workforce, risk management, engagement with service users and data sharing, based on overall strategic priorities to allow the IA to operate successfully in line with the principles set out in the Act and ensure these strategies fit with those in the NHS and councils
  - making clear links between the work of the IA and the Community Empowerment (Scotland) Act and Children and Young People (Scotland) Act

- develop financial plans that clearly show how IAs will use resources such as money and staff to provide more community-based and preventative services. This includes:
  - developing financial plans for each locality, showing how resources will be matched to local priorities
  - ensuring that the IJB makes the best use of resources, agreeing how Best Value will be measured and making sure that the IJB has the information needed to review value for money and performance effectively

- shift resources, including the workforce, towards a more preventative and community-based approach; it is important that the IA also has plans that set out how, in practical terms, they will achieve this shift over time.

Integration authorities should work with councils and NHS boards to:

- recognise and address the practical risks associated with the complex accountability arrangements by developing protocols to ensure that the chair of the IJB, the chief officer and the chief executives of the NHS board and council negotiate their roles in relation to the IJB early on in the relationship and that a shared understanding of the roles and objectives is maintained

- review clinical and care governance arrangements to ensure a consistent approach for each integrated service and that they are aligned to existing clinical and care governance arrangements in the NHS and councils

- urgently agree budgets for the IA; this is important both for their first year and for the next few years to provide IAs with the continuity and certainty they need to develop strategic plans; this includes aligning budget-setting arrangements between partners

- establish effective scrutiny arrangements to ensure that councillors and NHS non-executives, who are not members of the IJB board, are kept fully informed of the impact of integration for people who use local health and care services

- put in place data-sharing agreements to allow them to access the new data provided by ISD Scotland.

APPENDIX 2

AUDIT SCOTLAND – CHANGING MODELS OF HEALTH AND SOCIAL CARE – MARCH 2015 - RECOMMENDATIONS

The Scottish Government should:

- provide a clear framework by the end of 2016 of how it expects NHS boards, councils and integration authorities to achieve the 2020 Vision, outlining priorities and plans to reach its longer-term strategy up to 2030. This should include the longer-term changes required to skills, job roles and responsibilities within the health and social care workforce. It also needs to align predictions of demand and supply with recruitment and training plans.

- estimate the investment required to implement the 2020 Vision and the National Clinical Strategy.

- ensure that long-term planning identifies and addresses the risks to implementing the 2020 Vision and the National Clinical Strategy, including:

    - barriers to shifting resources into the community, particularly in light of reducing health and social care budgets and the difficulties councils and NHS boards are experiencing in agreeing integrated budgets
    - new integration authorities making the transition from focusing on structures and governance to what needs to be done on the ground to make the necessary changes to services
    - building pressures in general practice, including problems with recruiting and retaining appropriate numbers of GPs. The role of GPs in moving towards the 2020 Vision should be a major focus of discussions with the profession as the new GP contract terms are developed for 2017

- ensure that learning from new care models across Scotland, and from other countries, is shared effectively with local bodies, to help increase the pace of change. This should include:

    - timescales, costs and resources required to implement new models, including staff training and development
    - evaluation of the impact and outcomes
    - how funding was secured
    - key success factors, including how models have been scaled up and made sustainable

- work to reduce the barriers that prevent local bodies from implementing longer-term plans, including:

    - identifying longer-term funding to allow local bodies to develop new care models they can sustain in the future
    - identifying a mechanism for shifting resources, including money and staff, from hospital to community settings
    - being clearer about the appropriate balance of care between acute and community-based care and what this will look like in practice to support local areas to implement the 2020 Vision
    - taking a lead on increasing public awareness about why services need to change
    - addressing the gap in robust cost information and evidence of impact for new models

NHS boards and councils should work with integration authorities during their first year of integration to:

- carry out a shared analysis of local needs, and use this as a basis to inform their plans to redesign local services, drawing on learning from established good practice

- ensure new ways of working, based on good practice from elsewhere, are implemented in their own areas to overcome some of the barriers to introducing new care models

- move away from short-term, small-scale approaches towards a longer-term approach to implementing new care models. They should do this by making the necessary changes to funding and the workforce, making best use of local data and intelligence, and ensuring that they properly implement and evaluate the new models

- ensure, when they are implementing new models of care, that they identify appropriate performance measures from the outset and track costs, savings and outcomes

- ensure clear principles are followed for implementing new care models, as set out in Exhibit 9 (page 30).

Information Services Division (ISD) should:

- ensure it shares and facilitates learning across Scotland about approaches to analysing data and intelligence, such as using data to better understand the needs of local populations.

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 18 MAY 2016

EQUALITY OUTCOMES

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The report asks the Board to approve the Mainstreaming Equalities report following agreement of the Equalities outcomes by the IJB in March 2016.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) notes and approves the Mainstreaming Equalities report, outlined in Appendix 1.

(ii) requests the Chief Officer to prepare an annual report on progress against the outcomes as part of the annual performance report.

2. BACKGROUND

2.1 The public sector equality duty (The Equality Act 2010) came into force in Scotland in April 2011 – this is often referred to as the general equality duty. Scottish public authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

2.2 The Public Bodies Specific Duties lay out that all Scottish Public authorities must publish a report on mainstreaming the equality duty; a set of equality outcomes; employee information; gender pay gap information (for authorities with more than 150 staff) and a statement on equal pay (for authorities with more than 150 staff).

2.3 The Integration Joint Boards are now classed as a public body under the regulations, albeit with less than 150 employees, and must therefore publish a set of equality outcomes and an Equality Mainstreaming Report by 30 April 2016.

3. CURRENT POSITION

3.1 The IJB agreed 3 equalities outcomes to be delivered through AHSCP at its meeting of 23 March 2016.

3.2 The mainstreaming report sets out the context for integrating equality into the everyday working life of the IJB and IJB's overall approach and commitment to equalities. The report will include:

- Introduction
- Background including legislative background to equalities and mainstreaming
- The equality outcomes
- Equality impact assessments
- Consultation
- Partnership working

- Service monitoring

3.3 The mainstreaming report does not include any information about equality monitoring for the workforce as this duty only applies to organisations who employ staff and is dealt with by Angus Council and NHS Tayside's Equalities Mainstreaming reports.

4. CONCLUSIONS

4.1 The Equality Act 2010 requires the Integration Joint Board to prepare equality outcomes and a mainstreaming report. The equality outcomes have been drawn from the strategic plan. The mainstreaming equalities report includes the equality outcomes and sets out the commitment of the IJB to those outcomes

4.2 The Chief Officer will include progress reports on the Mainstreaming Report and The Equality Outcomes in line with our legal requirements as set out in Statutory (Specific Duties) (Scotland) Regulations 2012) to the Integration Joint Board as part of the annual performance report from June 2017.

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April 2016

Appendix 1 – Equalities Mainstreaming Report 2016-2020

Appendix 1

DRAFT April 2016

ANGUS
Health & Social Care
Partnership

Equalities Mainstreaming Report

2016-2020

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FOREWORD

This is the first equalities mainstreaming report for the Angus Health and Social Care Partnership (AHSCP). The foundation of AHSCP is centred on the importance of equal partnership between NHS Tayside and Angus Council, and the third and independent sectors. Equality is fundamental to the business of AHSCP including working across all sectors where genuine community engagement is at the heart of constructing new cultures of care. Many of the key aspirations of health and social care integration show our commitment to new ways of working and learning together, where all contributions help shape the delivery of good outcomes - including equality outcomes - for people who live in Angus.

Our vision is to place individuals and communities at the centre of our service planning and delivery in order to deliver locality based, person-centred outcomes. We recognise that there is a widening gap in inequalities often as a result of social, economic or educational status combined with discrimination based on age, disability, race, or any other protected characteristic which can impact on health and wellbeing. Tackling the issues of equality and fairness are not just the province of anti-discrimination law; the greatest impacts on the opportunities open to individuals are made by everyday decisions made in every part of society. Our aim is to ensure the people of Angus receive fair, consistent and non-discriminatory decisions and services from AHSCP, irrespective of their origin, protected characteristics and background, and that equality is mainstreamed into all we do.

Glennis Middleton **Chairperson** **Angus Integration Joint Board**	**Hugh Robertson** **Vice Chairperson** **Angus Integration Joint Board**	**Vicky Irons** **Chief Officer** **Angus Health and Social Care Partnership**

1. INTRODUCTION

The way that health and social care services are organised and managed changes from April 2016. We have been working together for some time to improve our partnership approach as we recognise that the population is changing and we cannot continue to deliver services and support in the same way. We want to make sure that our third and independent sector partners are part of this multi-agency approach. The legislation allows our partnership to grow even further to develop new services and improve outcomes for the people of Angus.

The case for change is set out in our Joint Strategic Needs Assessment. We believe that the growing numbers of people in Angus who have complex care needs or are growing older will require better joined-up care, better anticipatory and preventative planning and a greater emphasis on community-based care. We know that people want to have care and support delivered to them in or as near to their own homes and communities as possible. We know that communities are a rich resource of innovation, support and intelligence about what is needed, what works and what role they can play in supporting community members. We already know from the success of projects we have tested out in recent years with funding from the Change Fund that through working in partnership with the third sector and with communities we can make a difference to people's quality of life. Community-based and third sector initiatives have demonstrated improved outcomes for a whole range of vulnerable and older people in our community.

From April 2016 Angus Council, NHS Tayside, the third and independent sectors are working together in a new Angus Health and Social Care Partnership (HSCP). The Angus HSCP has been established under the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. The partnership has been formed following the signing, by the parent bodies, of an Integration Scheme setting out the legal arrangements. The work of the partnership is overseen by the Integration Joint Board.

The intention of the legislation in bringing about the new arrangements is to provide:

- Better Services and Outcomes - to improve services and supports for patients, carers, service users and their families

- Better Integration - to provide seamless, joined-up quality health & social care for people in their homes or in a homely setting where it is safe to do so

- Improved Efficiencies - to ensure that resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.

Integration will allow us to think innovatively about how a growing population of people in need of support can be supported differently and how we can respond to peoples' expressed wishes to remain at home for longer. Our multi-agency approach will be delivered through working in four localities that make up Angus; delegating financial responsibility over time, so more locally based decisions can be made on appropriate services. The partnership will also continue to work with NHS secondary care to reduce avoidable admissions to hospital, to reduce the need for

emergency admissions to hospital, and to secure discharge from hospital at the earliest opportunity.

The vision for health and social care in Angus is one which is shared not just within the integrated organisation, but with our communities. Our vision and priorities have been tested through public engagement in a range of different ways, including at locality commissioning events held in September 2015. There has been significant support for our four identified priorities described later in our strategic plan.

We recognise that equalities legislation over the years has been a driver for reducing inequalities, however there is still work to be done to address the continuing inequalities which exist. As a newly formed organisation, AHSCP has an opportunity to ensure that equality is integral to all we do from the outset, and because our vision is focused on outcomes for individuals, any equality and diversity and Human Rights considerations are in-built.

2. (i) LEGISLATIVE BACKGROUND – Equalities

The Equality Act 2010

In 2010, a major piece of legislation, the Equality Act, was passed with the aim of consolidating and harmonising existing equalities' legislation and strengthening the law to support progress on equality. The Act sets out the full range of the nine 'protected characteristics', which are protected from discrimination on the basis of:

age
disability
gender reassignment
marriage and civil partnership
pregnancy and maternity
race
religion and belief
sex
sexual orientation

However, not all protected characteristics are treated in the same way. Positive action is more comprehensive under the Act, and there are exemptions for specific groups, for example, single sex services, blood services, insurance etc.

The Act prohibits:

direct discrimination
indirect discrimination
discrimination by perception
discrimination by association
discrimination arising from a disability
harassment and
victimisation

The Act also introduced a **General Equality Duty**, which applies only in the public sector. This Duty requires public bodies, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation.
- advance equality of opportunity between persons who share a relevant protected characteristic, and persons who do not share it.
- foster good relations between persons who share a relevant protected characteristic, and those who do not share it.

The Duty must be taken into account by public bodies in respect of how the work they do impacts on:

- The groups they provide services to
- The people they employ
- The partners they work jointly with
- Those from whom they contract and procure services

Note:

(i) Only the first requirement of 'eliminating unlawful discrimination, harassment and victimisation' applies in the case of marriage/civil partnership.

(ii) 'Due regard' means giving appropriate weight to promote equality in proportion to its relevance.

(iii) None of the employment related requirements under the Equality Act 2010 apply to AHSCP. With limited exception, staff in the Angus Health and Social Care Partnership will continue to be employed by NHS Tayside and Angus Council, and will continue to be included within their own respective Equality Outcomes and Mainstreaming reports.

The Specific Equality Duties

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force in May 2012. These specific duties are designed to help public bodies in their performance of meeting the General Duty.

The key legal requirements for AHSCP contained in these Specific Duties are to:

- Report progress on mainstreaming equality.
- Publish equality outcomes and report progress.
- Assess and review policies and practices.
- Consider award criteria and conditions in relation to public procurement.
- Publish equality information in a manner which is accessible.

AHSCP will function within this legislative framework for equalities.

2. (ii) LEGISLATIVE BACKGROUND – Health and Social Care

AHSCP was established under the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014, but there is also a wide range of national policy supported in some instances by legislative underpinning that drives the direction of health and social care service provision and development. Angus Health and Social Care Partnership is working within the framework of policy and legislation to progress towards achieving the National Outcomes. Legislation and policy drivers all embrace common themes to be delivered strategically and operationally through service delivery. The themes are:

- Integration
- Partnership
- Prevention
- Outcomes
- Choice
- Control
- Self-Management
- Leadership

A policy evaluation which summarises relevant national policy is maintained.

The National Outcomes

We will work towards achieving the nine national health and wellbeing outcomes as set out by the Scottish Government. These outcomes are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail or able to live, as far as reasonably practical, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care service.

We have identified in each of our Equality Outcomes to which National Outcomes they relate.

3. A SNAPSHOT OF ANGUS

The total resource within the Angus Health and Social Care Partnership is approximately £150million. Health and social care expenditure per head of population in Angus is greater than the Scottish average. The voluntary sector in Angus is worth an estimated £50million.

There are a range of supports and services provided through:

- 16 GP practices.
- 23 pharmacies.
- Opticians in every town.
- Dental practices in every town.
- 4 community hospitals: Brechin Infirmary, Montrose Royal Infirmary, Arbroath Infirmary, Whitehills Health and Community Care Centre and Stracathro Hospital providing 200 beds supporting older people, hospice care, rehabilitation and adult psychiatry. Stracathro Hospital includes beds which are part of the delegated responsibility, and beds and out patient services that remain the responsibility of NHS Tayside
- 31 care homes in Angus providing 991 beds supporting older people, people with dementia, adults with learning disabilities. Currently we commission around 740 places including some specialist learning disability places outwith Angus.
- Approximately 3,700 hours of care at home support is delivered every week alongside services such as supported accommodation, community meals, community alarm, enablement and prevention of admission services.
- 902 community organisations operate in Angus to support people in our communities.
- 6,017 volunteers contributing across Angus
- Care management teams co-ordinate packages of care throughout Angus for service users with a range of health, social, emotional or psychological problems.

There are links to Tayside-wide hospital services at Ninewells Hospital, Strathmartine Centre and Murray Royal Hospital where a range of support for acute care, people with learning disability, adult psychiatry and drug and alcohol rehabilitation services are provided.

4. ANGUS DEMOGRAPHICS

Understanding the demographics of Angus is essential to ensuring that resources and services are delivered effectively; that they meet the needs of changing population and consider the impact of deprivation on our communities.

A particular challenge for Angus is that the size of our population is now set to remain relatively static but the makeup of the population will see considerable change as people get older. The number of people aged over 65 is set to rise significantly as a percentage of the total population.

One in every 20 residents (4.9%) identified themselves in the last Census (2011) as non-British White. Our non-British White population has increased over the last decade, but most significantly in Polish communities. Nearly one in 5 residents (19.1%) identified themselves in the last census (2011) as having long term conditions or disabilities that limited activity. We understand that around one in every fourteen residents are Lesbian, Gay, Bisexual or Transgender (LGBT), although we have further progress to make in enabling service users and patients to routinely disclose equalities information.

Our Population

Angus population 2015

All people 116,275

Age 16-64	67,766 (58%)
Age 65-74	13,395 (11.5%)
Age 75-84	8,228 (7.1%)
Age 85+	2,486 (2.1%)

Female 59,596 Male 56,567

The population of Angus is expected to remain static between 2013 and 2037. This will not be seen across all the age groups however, as the older age groups are expected to grow whilst the younger age groups will decline. The percentage of those over 65 will increase by 53% whilst the under 65 age group will decrease by 14%. The 75+ population will almost double in size from the smallest age group in 2013 to the second largest age group in 2037. As a percentage, the increase in the 75+ age group by 2037 is 89%. A different picture exists for the younger age groups, as by 2037, both the 0-15 and the 16-64 age groups will decrease by 9.4% and 8.1% respectively.

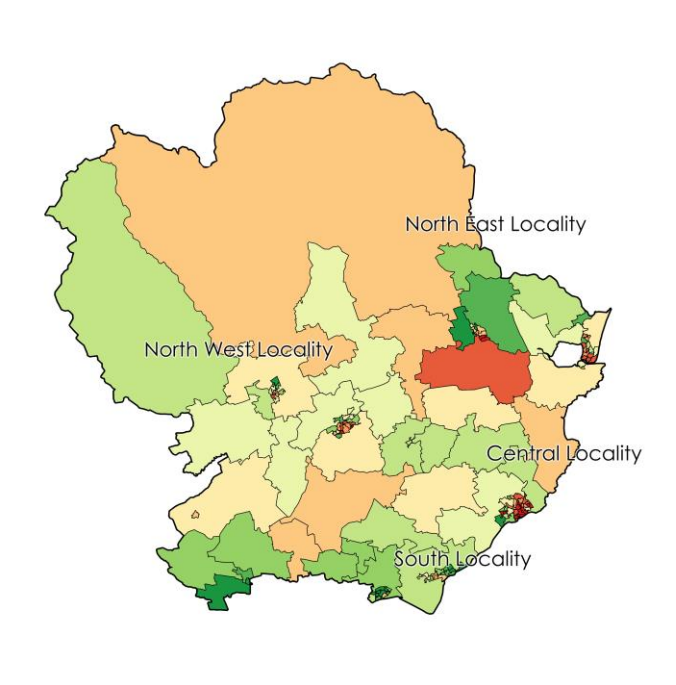
Life Expectancy

	Angus	Scotland
Male	78.3	76.6
Female	81.1	80.8

The life expectancy for females born in Angus between 2011 and 2013 is 81.6 years; this is higher than the Scottish average and it is an increase of 1 year and 9 months from those born in Angus between 2000 and 2002.
The life expectancy for males born in Angus between 2011 and 2013 is 78.5 years. This is also higher than the Scottish average and it is an increase of 3 years and 9 months on those born in Angus between 2000 and 2002.

Deprivation in Angus

In the map below the deepest red shows the most deprived areas in Angus; the deepest green shows the least deprived.



Of Angus's 10% most deprived areas, two thirds are found in the South East Locality with the remainder in the North West and North East Localities.

More than half of Angus households of people over 60 years are considered to be in fuel poverty. This is higher than the Scottish average and all of Angus's neighboring authorities

Health Behaviours

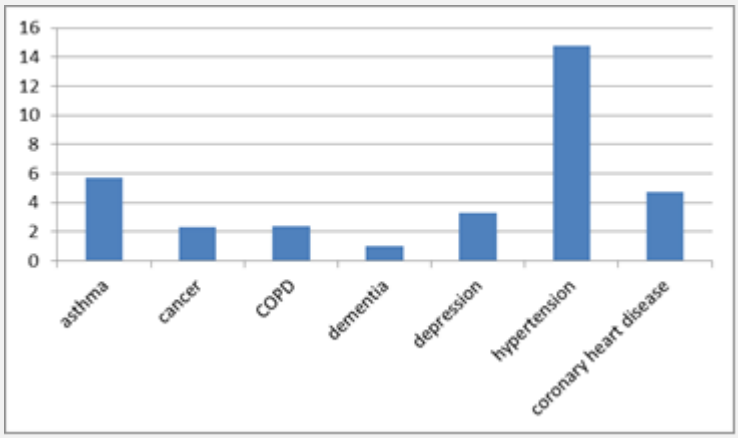
	Angus	Scotland
Smoking prevalence	**18.1%**	**20.2%**
Alcohol related hospital stays	**364.1**	**671.7**
Drug related hospital stays	**93**	**122**

Data from Scotpho Health and Wellbeing profiles

Both Angus and Scotland as a whole have seen reductions in smoking prevalence and alcohol related hospital stays between 2013 and 2014 but drug related hospital stays have increased.

Long term conditions

Prevalence per 100 people in Angus from General Practice registers (2013/14)



The number of People with two or more long term conditions in Angus is estimated at 17,761 or nearly 11% of the population.

Note: depression figures relates to new diagnosis

Hospital admissions 2014/15

Unplanned admissions all adults	10,475
Bed days lost due to lack of timely discharge	6,991

A joint strategic needs assessment (JSNA) providing more detail on our population is available. Data in this plan is selected from the JSNA.

5. SUPPORTING CARERS

'Carer' is a term we use for family members or friends, who may or may not live with a person who needs support, but who give care and support which is unpaid. AHSCP recognises the importance of the role carers play, and the support they themselves need to enable them to continue in their caring role. This could be financial, or in taking care of their own health etc, but carers are integral to the successful delivery of our Equality Outcomes.

In the 2011 census:

- 10,582 Angus people (9.1% population) identified themselves as carers;
- 7802 people (6.7% population) said that they delivered between 1 and 49 hours of care each week; and
- 504 people (2.4% population) over 50 hours of care each week.

In June 2015, 990 carers in Angus were receiving carer's allowance. This is generally paid by the DWP to people who provide more than 35 hours per week of unpaid care to one individual. Census information suggests that there is a high number of unidentified carers in Angus who are not accessing all the support that is available to them.

An increasing number of carers providing significant and regular care have accessed a carer's assessment following the introduction of self-directed support (SDS) in April 2014 - from 85 assessments to 245 assessments between April and October 2015. Carers are able to access a range of services delivered through Angus Carers Association and other voluntary sector organisations in Angus.

Recognising the health effects of caring, a collaborative programme between NHS Tayside and Angus Carers has been running in Angus since 2013, whereby health checks are offered through general practice to known carers. This health check covers physical and mental health and wellbeing and offers carer specific advice/support with 705 checks carried out to date. Significant physical symptoms have been noted in over 30% carers. Carers also have greater flexibility in using the budget available to them from their SDS assessment to address their needs for respite and improve personal outcomes.

We are working to improve the identification of carers. We will continue to work towards accurate registrations of carers at GP practices and work with practices to continue to enable healthcare needs of carers to be considered and actively supported. We will continue to support access to a SDS assessment for those who are supporting people with significant needs. We want to increase the number of carers who are accessing self-directed support by 20% year on year over the next 3 years.

6. PARTNERSHIP WORKING

We will work to establish strong working arrangements with equalities networks within and beyond Angus. This will include continuing to support the Community Planning Partnership's equalities work in particular, to work with partners to support the Single Outcome Agreement, which sets out the planned improvements for local areas' thematic and place based priorities.

We aim to remove unlawful discrimination from all of our services to ensure that our services are provided in an equalities sensitive way; to contribute to reducing the health gap generated by discrimination; and to work in partnership, including with the third and independent sectors, to make Angus a fairer county.

Both NHS Tayside and Angus Council routinely publish Equalities progress reports which highlight the significant progress which is already being made. We will continue this journey to improve the health and care outcomes for equalities groups, recognising the additional challenges experienced by equalities groups living in poverty.

In terms of ensuring Best Value by deploying the effective and efficient use of resources, we will continue to work closely with partners to deliver the best health and social care outcomes we can:

NHS Tayside

AHSCP will work in conjunction with NHS Tayside to derive savings from efficiency work streams initiated within NHS Tayside. There are 8 service redesign areas:

- Facilities and Estates
- Better Buying and Procurement
- Workforce
- Optimising Demand
- Repatriation
- Alcohol and Drugs Partnership
- Operational Efficiency

Angus Council

AHSCP will work in conjunction with Angus Council to derive savings from the Transforming Angus programme. The main work streams within this programme are as follows:-

- Agile Working;
- Help to Live at Home;
- Estates Review
- Angus Digital
- Business Process review.

Working with Other Health and Social Care Partnerships

AHSCP will work in conjunction with Dundee HSCP and Perth and Kinross HSCP to develop financial plans for services hosted by AHSCP on behalf of other Tayside HSCPs and work with other HSCPs to facilitate the successful financial planning of services managed elsewhere on behalf of AHSCP.

7. ENGAGEMENT AND CONSULTATION

Our Equality Outcomes have been identified as a result of significant engagement activities over the last year which led to the development of our strategic plan. Engaging with communities, people who use services, carers, staff, providers and the third and independent sectors is essential if we are to deliver the best services for Angus. Engagement has been and will continue to be an ongoing activity. It serves to ensure that we understand our localities, and that we are working in the right direction with consensus.

A variety of methods have been used to engage with communities: formal events, web based questionnaires, and informal pop up events in our town centres. We have used a graphic artist at a number of events to capture discussions and have used the resulting artwork to capture the statements that are most important. One

piece of artwork has been developed to portray our vision; it is the most repeated and the most voted for statement.

What our localities have asked us to address includes:

- Quality of service should be the same across Angus
- Equity of access to support and services
- Local services that are about what I need when I need them
- Quick and easy access to information in my local area-one point of contact
- Continuity of care/ same person providing my support
- Choice and control over when support and services will be provided and who will provide them
- Ability to stay in my own home, not go into a care home
- Support to remain independent
- Improve communication and information sharing between teams/support workers so you only have to tell one person
- A pop in service - could be volunteers
- Shorter waiting times
- If one person can do the job why have two people going in?
- Clear and user friendly communication and information is required to explain how Integration will make a difference
- Clarity required around locality boundaries
- The capability for information sharing/data collection to avoid duplication and improve communication and safety is a priority for many
- The locality model was supported, especially the idea of local resource hubs and one-stop shops.
- Many people identified the very close relationship with Self Directed Support
- Skills and capacity to deliver new models of care in the community were regularly explored

A comprehensive engagement activity log is maintained and held by the Chief Officer. Reports from specific engagement work can be found on our website.

8. MAINSTREAMING EQUALITY

Mainstreaming equality means integrating equality into the day-to-day working of AHSCP. This means taking equality into account in the way we exercise our functions. Equality should be a component of everything we do.

The benefits of mainstreaming equality are:

- Equality becomes part of the structures, behaviours and culture of the organisation.
- AHSCP knows and can demonstrate how, in carrying out its functions, it is promoting equality.
- It contributes to continuous improvement, better performance and better value.

AHSCP is responsible for mainstreaming and integrating equality into day-to-day activities as well as strategies etc. Equality and diversity will be embedded into our delivery of person-centred outcomes. We are also committed to integrating equality into our business tools such as Equality Impact Assessments (EIAs). We will ensure equality is explicit and proportionate in business planning and decision-making including gathering and analysing the population data of Angus.

We will ensure that employees continue to undertake training in equalities awareness, in EIAs, and access equalities courses.

9. EQUALITY OUTCOMES

Equality Outcomes are results which we aim to achieve in order to further one or more of the needs in the general duty, that is to: eliminate discrimination, advance equality of opportunity and/or foster good relations. By focusing on outcomes rather than objectives or outputs, we aim to bring practical improvements in the lives of those experiencing unlawful discrimination and disadvantage.

AHSCP is responsible for setting and delivering on our Equality Outcomes. These outcomes are aligned to our strategic plan, with specific equalities perspectives, and identify to which National Outcomes they relate. We have also used census data which led to us having a greater understanding of Angus demographics in order to ensure that resources and services are delivered effectively; that the Equality Outcomes meet the needs of the changing population, and take account of the impact of deprivation in our communities.

Our Equality Outcomes are:

We will make all services accessible to meet the needs of people with a protected characteristic(s) to allow them to be as independent as possible

People with Protected Characteristic(s) and equality groups are able to make informed choices so they can have control over their own life

People with Protected Characteristic(s) will be involved in their own care to allow them access to services that meet their physical, cultural, religious and equality needs

Full details of the Equality Outcomes are in Appendix 1.

We believe we will have realised our vision and created improved outcomes for the people of Angus, taking cognisance of their protected characteristics, if:

- More people live longer in good health
- People are able to access support within their own communities
- More people are cared for at home
- More people are involved in the design and delivery of their own care
- Carers feel supported

We will report progress on our Equality Outcomes by 30 April 2018.

10. EQUALITY IMPACT ASSESSMENTS

We are committed to carrying out equality impact assessments (EIAs) on our strategies, policies and services to ensure that there is no unlawful discrimination in the way that they are designed, developed or delivered and that, wherever possible, equality is promoted.

In meeting the terms of this commitment, in a proportionate way, we will ensure that:

- equality impact assessments will be carried out on all relevant strategies, policies and services
- we also undertake equality impact assessments on any potential budget savings

Completed equality impact assessments will be electronically accessible via the IJB website.

We will initially adopt the Angus Council equality impact assessment tool but are making arrangements to review this with our partners to ensure our EIAs are the most suitable for our purposes.

Equality impact assessments will be undertaken on the grounds of all the equality protected characteristics.

The Chief Officer for the Angus Health and Social Care Partnership is responsible for the completion of equality impact assessments.

Guidance is available and training on the completion of EIAs will continue to be delivered to IJB staff as required.

11. SERVICE MONITORING

To ensure that services are delivered in an effective, non-discriminatory way, we equalities monitor service users in line with EHRC recommended classifications. We will also monitor equalities complaints to ensure no-one receives a less favourable service on the grounds of their protected characteristics.

12. ACCESS TO INFORMATION

One of the key messages from our engagement activities has been about improving access to information. This could be through the development of single points of contact and the use of a 'hub' model in each of our localities. Such developments are a high priority for us going forward but require further exploration as the natural focus in each of our localities is different for different people. The local focus can include GP practices, libraries, Accessline and First Contact as well as online provision. As part of our approach to improving access to information we are

progressing the development of ALLISS (A Local Information System for Scotland) to facilitate accessible web-based information about health and social care services. Importantly it will also be the focus for how we ensure an accessible voluntary and independent sector.

Working with Voluntary Action Angus we have identified 902 voluntary sector organisations active in our Angus Localities. About 35% of those organisations are currently included in ALISS. Volunteering in Angus continues to increase.

There is growing recognition of the scale of the problem of social isolation in Angus, matched by national recognition of the links between social isolation and:

- Risk of earlier death
- Depression
- Dementia
- Poor self-rated health

Ref: Campaign to End Loneliness, 2015

Harnessing the efforts of the voluntary sector will support people to become engaged in their communities and promote independence. We want to ensure that the number of organisations on ALISS is increased to 90% by April 2017.

We are committed to ensuring that all members of the community have equal access to information regarding the IJB, regardless of race, disability, gender, religion/belief, age, sexual orientation, marital/civil partnership status, gender re-assignment, and pregnancy and maternity.

In meeting the terms of this commitment we will endeavour to ensure that:

- all members of the community are able to access information about AHSCP via our web pages.
- facilities to interpret information we produce are made available wherever a need is identified i.e. translation into other languages, audio tapes, sign support, hearing loops, and facilities for blind and visually impaired people. We will also ensure that any additional requirements emanating from the British Sign Language (Scotland) Act (2015) will be implemented once these are known.
- employees are provided with an awareness and an appreciation of the importance of ensuring that the whole community has access to our information.
- Our web pages are hosted by Angus Council whose website is reviewed to be as accessible as possible.
- non-stereotypical images of equality groups in publicity materials, such as leaflets, are promoted.

In terms of this document, the Equalities Mainstreaming Report and Equality Outcomes can be found on our webpages - see web address below, or alternatively if you would like a copy, please write to us at the following address:

Chief Officer Angus Health and Social Care Partnership St Margaret's House Orchardbank Forfar DD8 1WS	Email Hsciangus.tayside@nhs.net Website http://www.angus.gov.uk/info/20351/angus_health_and_social_care_partnership

The content of this publication, or sections of it, can be made available in alternative formats or translated into other community languages. Please contact Angus Health & Social Care Partnership, St Margaret's House, Orchardbank, Forfar, DD8 1WS Tel 01307 474870 for further information or email hsciangus.tayside@nhs.net.

ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP EQUALITY OUTCOMES

What is our equality outcome?	***We will make all services accessible to meet the needs of people with a protected characteristic(s) to allow them to be as independent as possible***		
National Health And Wellbeing Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer **National Health And Wellbeing Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use services.** **National health and wellbeing Outcome 7: People using health and social care services are safe from harm.**			
	Which part of the general duty are we addressing?	**What are the key protected characteristics?**	**How will we measure progress?**
	Prevent indirect discrimination, Advance equality of opportunity, and foster good relations	**All of the protected characteristics: Age, disability, gender reassignment, Pregnancy/maternity, Race/ ethnicity, religion/belief, sex, sexual orientation**	**Number of people with protected characteristic(s) supported through an enablement process.** **Number of people with a protected characteristic(s) provided with equipment to support independence** **Number of people with a protected characteristic(s) using telehealth and telecare** **Number of people with a protected characteristic(s) using rehabilitation services** **Number of adult protection investigations for people with a Protected characteristic(s)**
What will we do over the next 3 years?	**We will improve the range of telehealth and telecare services available in Angus for those people with a disability or who are older who cannot physically access their local health services** **We will review our enablement approach for improvement opportunities** **We will support the adult protection committee to ensure a robust approach to supporting vulnerable adults**		

What is our equality outcome?	*People with Protected Characteristic(s) and equality groups are able to make informed choices so they can have control over their own life*		
National Health and Wellbeing Outcome 2: People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. National Health And Wellbeing Outcome 3: People who use health and social care services have positive experiences of those services and have their dignity respected. National health and wellbeing Outcome 5: Health and social care services contribute to reducing health inequalities National Health And Wellbeing Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing National Health And Wellbeing Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.			
	Which part of the general duty are we addressing?	**What are the key protected characteristics?**	**How will we measure progress?**
	Advance equality of opportunity, foster good relations, and eliminate discrimination	**Age, disability, Race/ethnicity, religion/belief, sex, sexual orientation, pregnancy/maternity, gender reassignment**	**Number of people with protected characteristic(s) using each of the SDS options Number of people getting involved in service design through co-production and engagement opportunities Joint strategic needs assessment updated annually**
What will we do over the next 3 years?	**Assessments will be co-produced with the person being assessed. Person-centred approaches will be developed across all services. Support plans based on agreed outcomes will be co-produced with the person with identified needs. A range of social care services will be available to allow people with identified needs to make choices over whom, when and how any support services will be provided as part of their support plan. We will undertake ongoing engagement activities to develop our strategic approach and locality plans in conjunction with people with protected characteristic(s) and equality groups in the Angus communities We will ensure that our planning and service delivery is informed by Equality Impact assessments. To act on the outcomes of equality impact assessments for financial decisions ensuring there is no discrimination and to implement any recommendations from Equality Impact Assessments.**		

What is our equality outcome?	***People with Protected Characteristic(s) will be involved in their own care to allow them access to services that meet their physical, cultural, religious and equality needs***		
National Health And Wellbeing Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer **National Health And Wellbeing Outcome 4: Health and Social Care services are centred on helping people maintain or improve the quality of life of people who use those services**			
	Which part of the general duty are we addressing?	**What are the key protected characteristics?**	**How will we measure progress?**
	Eliminate discrimination, Advance equality of opportunity, foster good relations	**Age, disability, gender reassignment, race/ethnicity, and religion/belief,**	**Number of community groups by locality** **Number of people from using befriending services** **Level of funding released to the third sector to develop community based services.**
What will we do over the next 3 years?	**We will work with the third sector to improve the range of activities available for people from protected equality groups in the Angus community**		